



#### If any "red" features Perform:

Full blood count Blood culture CRP

Urine test for UTI

LP, CXR, Plasma electrolytes

#### If any "amber" features Perform:

Urine test for UTI

and unless deemed unnecessary by an
experienced paediatrician

Full blood count Blood culture

CRP Perform CXR if

fever >39°C and WBC >20x109/ml

LP in children < 1 year old

If all "green" features and no "red" or "amber"features

Perform: Urine test for UTI

No routine bloods or CXR

# Management

## Parenteral antibiotics

Start parenteral antibiotics in children if fever with no apparent source and:

Meningococcal disease (Box 2) Unrousable

Consider in children with fever and any reduced level of consciousness

#### Fluid resuscitation

Children with fever and shock should be: given an immediate fluid bolus of 20ml/kg initial fluid should normally be 0.9% saline actively monitored and given further fluid boluses if necessary

## Meningococcal disease (MD)

Children with suspected MD (see Box 2) should be:

given parenteral antibiotics at the earliest opportunity under specialist paediatric care supervised by a consultant assessed for intravenous fluid and inotrope needs

# Infant < 3months old Temp ≥ 38 C Admit all infants to hospital and observe vital signs

Perform: WBC CRP

> Blood culture Urinalysis and culture

CXR only if respiratory signs are present Stool culture if diarrhoea is present

### If any of the following:

<1 month old

1-3 months and appear unwell

1-3 months and WBC <5 or >20x109/ml or abnormal CRP

Yes

Continue to observe

Perform lumbar puncture and hen start parenteral antibiotics

## Choice of parenteral antibiotics

should cover Neisseria meningitidis, Streptococcus pneumoniae, E. coli and Haemophilus influenza type b.

A third generation cephalosporin is appropriate until cultures are known (e.g. cefotaxime or ceftriaxone)

Infants <3months old an antibiotic active against Listeria should be added (e.g. ampicillin or amoxycillin)