

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE**1 Guideline title**

Feverish illness: assessment and initial management in children up to 5 years

1.1 Short title

Feverish illness in children

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on Feverish illness: assessment and initial management in children up to 5 years for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- (b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
- (c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) Feverish illness in young children is a great concern for parents and carers and is a significant diagnostic challenge for healthcare professionals. It is the second most common medical complaint presenting to A&E departments and it is a frequent cause for admission. The assessment of illness severity and clinical signs is most challenging in young children.
- b) Feverish illness in young children is most frequently caused by self-limiting viral infections. However, some viral infections do lead to more serious illnesses requiring support and treatment in hospital. In addition, fever may be a presenting feature of bacterial illnesses such as meningitis, septicaemia, urinary tract infections and pneumonia. Feverish illness may be associated with a variety of more severe symptoms and signs, such as cough, breathlessness, vomiting, diarrhoea, rash or convulsions, many of which are non-specific and may offer no specific clue to the cause of the fever. The challenge is to distinguish between mild or moderate illness and more severe illness.
- c) To further complicate the problem of assessment and diagnosis, the clinical picture changes hourly and young children with serious illness may deteriorate within hours of onset. The challenge for healthcare professionals is to determine when to observe the child over a period of hours or when to investigate and begin treatment.
- d) There is a need to inform healthcare professionals about the likelihood of a child presenting with a fever and developing a serious illness to allow a healthcare professional to decide whether to observe the child or to perform diagnostic tests, start treatment (such as antibiotics) and refer or admit to hospital.
- e) Parents and carers need to feel confident about how to manage their child's fever and know when to ask for help. Healthcare professionals need clear guidelines about symptoms or signs requiring prompt

referral. Parental preferences must be taken into account when considering the various combinations for testing or observation.

4 The guideline

- a) The guideline development process is described in detail in two publications which are available from the NICE website (see 'Further information'). The Guideline Development Process – an overview for Stakeholders, the public and the NHS describes how organisations can become involved in the development of a guideline. Guideline Development Methods – Information for National Collaborating Centres and guideline developers provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) Children from birth to 5 years of age presenting with fever.
- b) Subgroups (for example by age) will be given special consideration if supported by the evidence.

4.1.2 Groups that will not be covered

- a) Babies, infants or children in neonatal or paediatric intensive care units.
- b) Children with a co-morbidity requiring them to follow a regime or guideline for the presentation of fever provided to them by their

specialist team for example, those with cystic fibrosis or immunosuppression.

- c) Management beyond initial stabilisation.
- d) Management once a specific diagnosis has been made.
- e) Management of febrile convulsions.

4.2 Healthcare setting

- a) The guideline will cover primary care, A&E departments and other hospital attendances.

4.3 Clinical management

- a) To establish the most useful and accurate method for measuring the height of the temperature and to interpret the height of fever.
- b) In a child presenting with fever, to identify signs and symptoms that would help to establish the possible diagnoses and focus for infection.
- c) In a child presenting with fever, to identify clinical signs and symptoms that would help to predict the severity of the child's illness.
- d) To identify which clinical signs and symptoms would direct the healthcare professional to carry out further investigations, what these investigations should include and how to interpret them.
- e) When a child presenting with a fever should be started on treatment (for example antibiotics) to prevent deterioration in their condition or manage their illness.
- f) When a child should be referred.
- g) What clinical signs or symptoms can be used to identify young children who should be admitted to hospital to either prevent or manage a deterioration in their illness severity.
- h) What additional factors should be taken into consideration when deciding whether a child should be admitted to hospital or not. Which clinical signs

or symptoms should be used to identify young children that should be referred directly to intensive care.

- i) What advice should be give to the parents and carers with regards to management of the fever, for example to prevent febrile convulsions.
- j) What advice should be given to parents and carers if they are sent home following their initial assessment by the healthcare professional including the use of antipyretic drugs and other cooling agents.

Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use the Summary of Product Characteristics to inform their decisions for individual patients.

4.4 Status

4.4.1 Scope

This is the draft scope for consultation.

The guideline is related to the guideline on Urinary tract infection in children (currently in development).

4.4.2 Guideline

The development of the guideline recommendations will begin in July 2005.

5 Further information

Information on the guideline development process is provided in:

- The Guideline Development Process – An overview for stakeholders, the public and the NHS
- Guideline Development Methods – Information for National Collaborating Centres and guideline developers

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

To develop a clinical guideline for the assessment and initial management of children aged up to 5 years who present to health services with a feverish illness.

The guideline should include:

- Assessment of severity of illness including how to measure and interpret height of fever.
- Clinical management in primary care including investigations, use of antibiotics and when to refer for specialist care.
- Initial assessment by A&E and paediatric specialists including appropriate investigation and initial treatment, for example use of empiric antibiotic therapy.