REMIT FOR GUIDELINE

Feverish illness

The following remit was received from the Department of Health and the Welsh Assembly Government in October 2003 as part of the Institute's 9th wave programme of work.

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

Remit: "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 – e.g. use of empiric antibiotic therapy."

FEVERISH ILLNESS: ASSESSMENT AND INITIAL MANAGEMENT IN CHILDREN UP TO 5 YEARS

Suggested by:
Childrens NSF team

Overview.
Fever in children is one of the commonest childhood illness presentations in primary and specialist care and can be symptomatic of a number of different conditions. Feverish illnesses are at their highest level in young infants where the chance of significant bacterial illness is at its highest, and when assessment of the severity of the illness and of the clinical signs is most challenging. Feverishness may be associated with other symptoms, for example cough, breathlessness, diarrhoea or a rash or convulsions. Many of these symptoms and signs are non-specific but are also shared by a number of progressive serious bacterial illness such as meningitis, septicaemia, urinary infection or evolving pneumonia which may threaten life or damage to organs.

The evaluation of these features thus is challenging even for health care professionals, many of whom choose either to observe sequentially over a period of hours, to investigate with blood tests and/ or to treat empirically with antibiotics. The challenge is to distinguish mild illness from moderate illness and to identify those likely to progress to more severe forms of illness.
The proposal is for a NICE clinical guideline to advise clinicians in primary and secondary care on the appropriate methods of assessment and initial treatment and on referral for more detailed investigation.

Evidence base.
Appears robust enough to produce a guideline on this topic.

Rationale for referral to NICE.
This is the second commonest presentation of acutely ill children to primary and hospital based care. There is wide variation in clinical practice, including use of antibiotics and hospital admission. NICE guidance would improve clinical outcomes and ensure more appropriate use of antibiotics and of specialistic inpatient and diagnostic resources.

Related NICE guidance.
A possible clinical guideline on antimicrobial prescribing is under consideration within DH, as are a number of other possible guidelines/appraisals relating to various common childhood conditions (see eg the following proposal).

Other available guidance.
A guideline was published in the USA in 1993 but subsequently challenged with evidence of considerable variations in practice.

Implications for funding, workforce and NHS capacity.

A guideline is likely to lead to reduction in use of antibiotics and of hospital admission. Early and more consistent management could reduce demand on paediatric intensive care. Potential costs include providing access to the guideline for secondary care clinicians through IT decision support.
There are unlikely to be major workforce implications, although there would be some need for training for clinicians in primary and secondary care. A clinical guideline could increase or decrease the use of imaging and pathology services – this is unpredictable until the first draft of guideline is available.