Fever in under 5s: assessment and initial management

Consultation on draft guideline - Stakeholder comments table
21.08.19 – 19.09.19

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Glaxo Smith Kline	Guideline	General	General	Subsequent to our review of the above draft guideline for the management of fever in children under 5 years of age, we have no comments, particularly with regard to drug interventions. The Guideline reflects available evidence and recommends use of either paracetamol or ibuprofen preparations in cases of fever / high temperature in children who are distressed. When following these guidelines we would recommend that prescribers are guided by the SmPCs for these medicines, and that caregivers should administer these medicines as directed in the labels.	Thank you for your comment. It is assumed that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients. This is noted in the 'context' section of the guideline.
Royal College of General Practitioners	Guideline	10	17	Can the committee consider adding more detail on Kawasaki disease? This is a rare disease with an incidence of <3/100,000 although we agree important not to be missed. The presence of fever and a polymorphous "viral" rash, pharyngeal erythema or conjunctival injection is common in children under 5 presenting to primary care, so to prevent excessive urgent referrals from primary care to paediatrics, specific guidance would be helpful detailing exactly when to consider referral and how urgently this referral should be made. We note that this is a research recommendation in the guidance but until this evidence is available, clear information is required by primary care physicians who see most of these children in the community,	Thank you for your comment. The committee agree that Kawasaki disease is an important diagnosis not to miss due to the long-term complications of late treatment. They also noted evidence that the incidence of Kawasaki disease is rising in the UK, making it more likely that cases will be encountered by primary care practitioners. The committee chose not to specify a particular number of signs or symptoms that would prompt action or referral for suspected Kawasaki disease because the evidence available was not of sufficient quality to allow such a recommendation to be made. There was no evidence on the specificity of combinations of signs or symptoms for Kawasaki disease, and so the committee was concerned that making a recommendation for action based on particular numbers of symptoms might be unhelpful because it could prevent clinicians thinking about a diagnosis when these criteria are not fulfilled or referring unnecessarily when a diagnosis is very unlikely. The committee thought that the evidence was not sufficient to allow specific referral criteria to be specified and

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				For example: When describing "incomplete Kawasaki," can the committee determine how many features should cause alarm? Would a fever for 5 or more days plus 1 symptom be enough to need onward referral? The guidance (Page 26, line 7-19) does acknowledge that this is likely to increase the number of referrals to secondary care.	instead made a recommendation that they hoped would raise the awareness of clinicians about the signs and symptoms of Kawasaki disease, and would prompt appropriate consideration of this diagnosis. The committee also noted that while some of the features of Kawasaki disease are common, most other causes of fever would resolve before 5 days or have features that would prompt a different diagnosis.
Royal College of General Practitioners	Guideline	13	31	The committee should consider defining "some" when referring to signs of potential Kawasaki disease. Will only 1 of these be enough to consider onward referral? I so, there is likely to be a considerable increase in referrals to secondary care as many of these are common in a child with an on- going fever	Thank you for your comment. The committee chose not to specify a particular number of signs or symptoms that would prompt action or referral for suspected Kawasaki disease because the evidence available was not of sufficient quality to allow such a recommendation to be made. There was no evidence on the specificity of combinations of signs or symptoms for Kawasaki disease, and so the committee was concerned that making a recommendation for action based on particular numbers of symptoms might be unhelpful because it could prevent clinicians thinking about a diagnosis when these criteria are not fulfilled or referring unnecessarily when a diagnosis is very unlikely. The committee thought that the evidence was not sufficient to allow specific referral criteria to be specified and instead made a recommendation that they hoped would raise the awareness of clinicians about the signs and symptoms of Kawasaki disease, and would prompt appropriate consideration of this diagnosis. The committee also noted that a fever of 5 days or more is already listed as an 'amber' feature in the traffic light system for identifying risk of serious illness which forms part of the existing NICE guideline. The children covered by the new recommendations should therefore already be considered for onward referral to a paediatric practitioner under the existing recommendations. Therefore, while the committee

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					acknowledge that there may be an increase in referrals, this is unlikely to be substantial.
Royal College of Nursing	General	General	General	The Royal College of Nursing (RCN) welcomes the opportunity to comment on the NICE draft guidelines for Assessment and Management of Fever in under 5s. The draft guidelines seem comprehensive.	Thank you for your comment.
Royal College of Nursing	General	General	General	We welcome changes being made to reduce ambiguity and also to reinforce the importance of listening to parents/carers and asking pertinent questions in respect of Kawasaki disease.	Thank you for your comment.
Royal College of Paediatrics and Child Health	Guideline	General	General	This guideline looks good. One-point worth emphasising is increased heart rate (HR) as an indication of a serious/invasive underlying bacterial infection. While many signs such as tachypnoea, dehydration, rash, CRT and others are obvious by inspection, HR although measured is often either ignored or not taken seriously. In the reviewers' experience, many cases of missed early meningococcal disease were missed because the high HR (based on APLS) was not looked at carefully.	Thank you for your comment. The remit of the update was to consider evidence on signs and symptoms of Kawasaki disease specifically, and so the committee did not update other sections of the guideline, including sections on meningococcal disease. The guideline will be regularly reviewed as part of the NICE surveillance process to check that it is up to date and will be considered for update in future if new evidence becomes available that might change guideline recommendations. Note also that the NICE guideline on meningitis and meningococcal septicaemia in under 16s has been identified for update https://www.nice.org.uk/guidance/cg102/resources/2018-surveillance-of-meningitis-bacterial-and-meningococcal-septicaemia-in-under-16s-recognition-diagnosis-and-management-nice-guideline-cg102-6543879805/chapter/Surveillance-decision?tab=evidence
Royal College of Paediatrics	Guideline	General	General	The reviewer is happy with the guideline.	Thank you for your comment.

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and Child Health					