






Fever in children

The febrile child is a very common presentation in general practice, but can be highly challenging for many reasons – parental distress, diagnostic uncertainty with the potential for serious illness and rapid deterioration, and a need to minimise investigation. Registrars have generally seen a lot of acute presentations of febrile children in ED, but assessment and management is different in the GP setting. It is vital that supervisors are confident that registrars are competent in managing the febrile child.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Common and serious causes of fever in children • Red flags for serious illness • Managing uncertainty in undifferentiated presentations of fever • Assessment of children with fever – age, toxicity, likely focus etc. • Follow-up and safety-netting • Management of children with fever 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read A is for Aphorisms. What is a fever? - an AFP article which defines fever • Read the 2013 AAFP article Evaluation of Fever in Infants and Young Children 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Children can have severe sepsis with minimal or no fever - the level of fever is not a good indication of severity of illness • Consider meningococcal disease in the child with leg pain, cold extremities and pallor • Maintain a high degree of clinical suspicion of Kawasaki Disease in the child with persistent fever and suggestive features • The response to antipyretics should not be used as a diagnostic tool • Never discount the parent's concern • Fever without a clear focus in an under three-month old usually warrants full septic work-up • Perform a urinalysis in children without an obvious focus 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1704 437 1814">Read</td> <td data-bbox="437 1704 1497 1814"> <ul style="list-style-type: none"> • RCH Clinical Guidelines on the Febrile Child • Traffic Lights Screening tool for Fever in children RCH </td> </tr> <tr> <td data-bbox="336 1814 437 1883">Watch</td> <td data-bbox="437 1814 1497 1883"> <ul style="list-style-type: none"> • Assessment of the child with fever </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • RCH Clinical Guidelines on the Febrile Child • Traffic Lights Screening tool for Fever in children RCH 	Watch	<ul style="list-style-type: none"> • Assessment of the child with fever
Read	<ul style="list-style-type: none"> • RCH Clinical Guidelines on the Febrile Child • Traffic Lights Screening tool for Fever in children RCH 				
Watch	<ul style="list-style-type: none"> • Assessment of the child with fever 				
<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Undertake multiple choice questions and discuss • Role play a highly anxious parent concerned about meningitis presenting with an 18-month-old child with an URTI 				



Fever in children

Clinical Reasoning Challenge

- QUESTION 1. You have just seen Connie, a 20-month-old child, who presented with a fever and viral exanthem. You are confident that this is a simple viral infection but appropriately safety net with her mother about possible serious illness, including meningococcal disease. In discussing meningococcal disease, which of the following is FALSE?
- Rarely presents with non-specific symptoms
 - May have pre-existing coryzal illness
 - May present with gastrointestinal symptoms but no rash
 - May present with a blanching, non-purpuric, rash
 - May present with leg pain, cold extremities and abnormal skin colour
- QUESTION 2. Georgia, aged 3, presents with fever and a rash. You are concerned about Kawasaki Disease. In relation to typical features of Kawasaki disease, which of the following is typical?
- High fever lasting no more than three days
 - Exudative conjunctival injection
 - Blistering of fingertips
 - Cervical lymphadenopathy
 - Diarrhoea
- QUESTION 3. Adele, an 8-year-old girl, presents with a high fever. Physical examination reveals a membranous tonsillar exudate, generalised lymphadenopathy, hepatosplenomegaly and a faint macular rash. Which of the following would MOST LIKELY be found?
- Raised ASOT (antistreptolysin titre)
 - Atypical lymphocytes in peripheral blood film
 - Bone marrow shows lymphatic leukaemia
 - Cytomegalic inclusion bodies in cells from the urinary sediment
 - Positive Schick test
- QUESTION 4. Atticus, aged 18 months, presents with a fever of 38.3C but no focus of infection and no demonstrable abnormal physical signs. Which one of the following tests should be initially performed?
- E.S.R.
 - Full blood examination
 - Microscopy of urine
 - Throat swab
 - X-ray of chest



Fever in children

ANSWERS

QUESTION 1

You have just seen Connie, a 20-month-old child, who presented with a fever and viral exanthem. You are confident that this is a simple viral infection but appropriately safety net with her mother about possible serious illness, including meningococcal disease. In discussing meningococcal disease, which of the following is FALSE?

- Rarely presents with non-specific symptoms

QUESTION 2

Georgia, aged 3, presents with fever and a rash. You are concerned about Kawasaki Disease. In relation to typical features of Kawasaki disease, which of the following is typical?

- Cervical lymphadenopathy

Further reading on [Kawasaki Disease](#)

QUESTION 3

Adele, an 8-year-old girl, presents with a high fever. Physical examination reveals a membranous tonsillar exudate, generalised lymphadenopathy, hepatosplenomegaly and a faint macular rash. Which of the following would MOST LIKELY be found?

- Atypical lymphocytes in peripheral blood film

QUESTION 4

Atticus, aged 18 months, presents with a fever of 38.3C but no focus of infection and no demonstrable abnormal physical signs. Which one of the following tests should be initially performed?

- Microscopy of urine