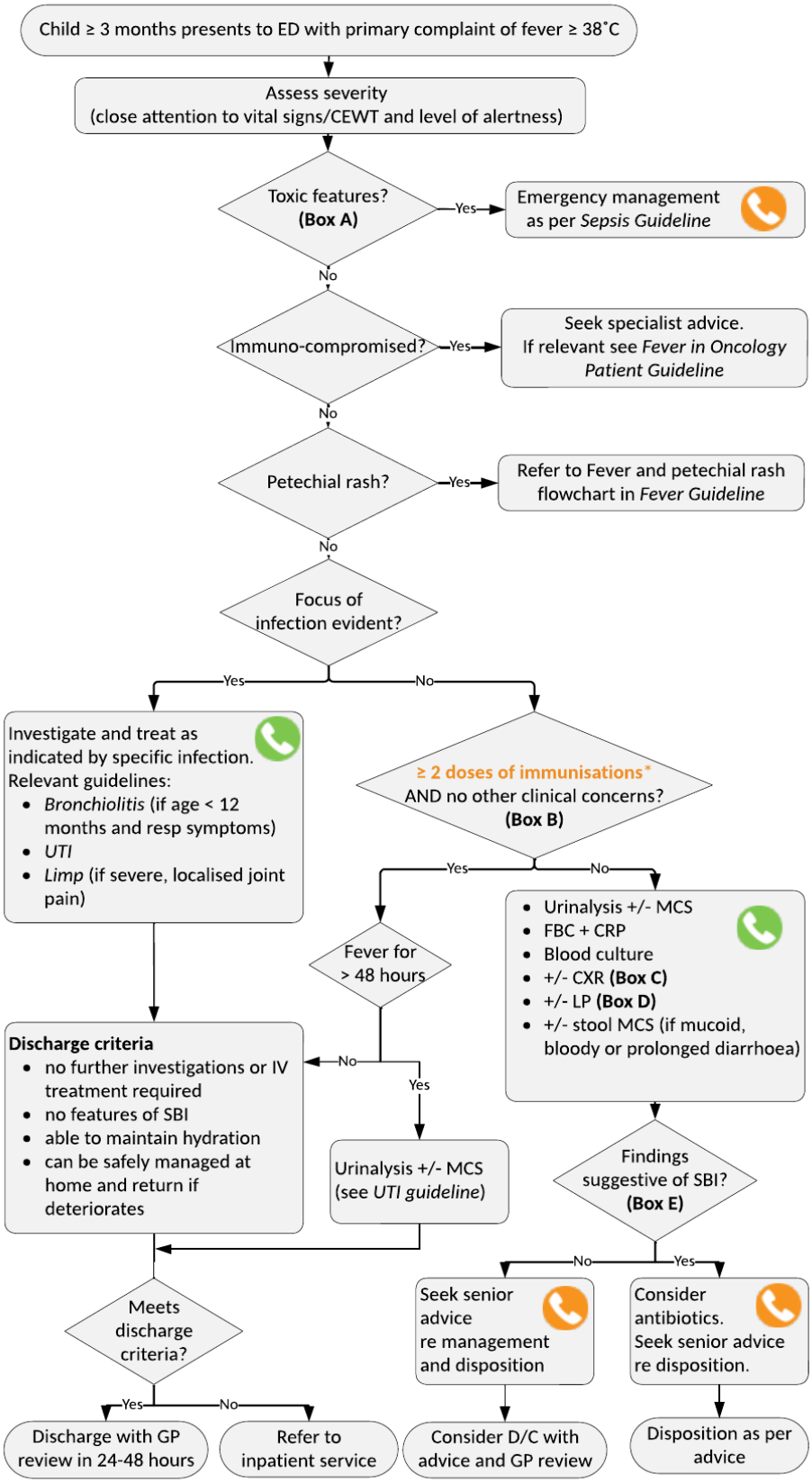
Appendix 2: Febrile illness – Emergency management in children ≥ 3 months - Flowchart



Box A: Toxic
- marked lethargy/decrease in activity
- altered mental status
- inconsolable irritability
- tachypnoea, increased work of breathing, grunting, weak cry
- poor perfusion (mottled cool peripheries, delayed central capillary refill)
- marked/persistent tachycardia
- moderate to severe dehydration
- seizures

Box B: Clinical concerns
- potential partial treatment of infection (antibiotics prior to presentation)
- parental concern
- persistent tachycardia or irritability

Box C: Consider chest X-ray (CXR) if any of:
- increased work of breathing
- cough
- persistent tachypnoea
- SpO2 ≤ 93% in room air
- T > 39˚C and WCC > 20

Box D: Lumbar puncture (LP)

Indications
Vomiting, lethargy, drowsiness and reduced oral intake

Contraindications
- focal neurological signs
- persistently reduced level of consciousness
- haemodynamic instability
- respiratory compromise

Box E: Findings suggestive of serious bacterial infection (SBI)
- WCC > 15 if not fully immunised
- CXR focal changes
- presumptive UTI (see *UTI Guideline* for criteria)
- CSF consistent with meningitis (see *Meningitis Guideline* for CSF interpretation)

* ***Haemophilus influenza type b*** and **13-valent conjugate pneumococcal** (3 dose course given as part of The Australian National Immunisation Program at age 2, 4 and 6 months)

Consider seeking emergency/paediatric advice as per local practices

Seek senior emergency/paediatric advice as per local practices.