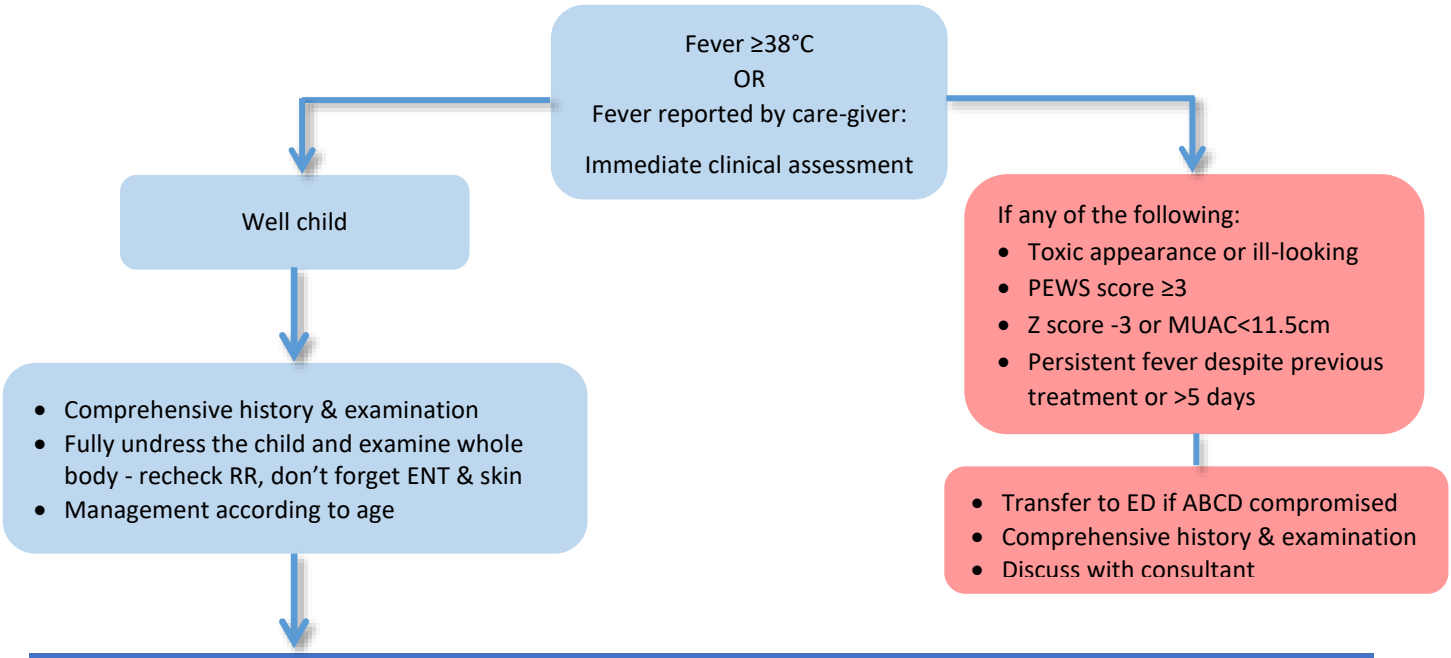
Fever in children



Age	Investigations (offer HIV testing to all)	Intervention
< 2 months	***Full septic screen to be done by Peds team*** CBC diff, CRP, Urinalysis + culture, LP, Blood culture, CXR, ?malaria RDT	Discuss with FC consultant and arrange admission with Peds team
2 months– 6 months	Source localized / explained	OPD management, clear safety netting
	Fever + unclear source: ***Partial septic screen –*** Check urine (see below), CRP, malaria RDT; CBC diff	Discuss with FC consultant and arrange admission with Peds team
>6 months	Source localized/explained	OPD management, clear safety netting
	Fever + unclear source usually viral Check malaria RDT and urine (see below; all children <3y, older children if suspicious symptoms) *(note CBC has very poor positive predictive value in this age-group, so not required routinely)*	Discuss with FC consultant If well can give antipyretic and review in 2 days with clear safety netting

Advice to parents

Anti-pyretics:

- Can use antipyretics to ease a child's distress (no benefit to treating fever if child not distressed) – paracetamol OR ibuprofen; do not give simultaneously, but can alternate agents if distress persists or recurs before next dose is due
- Do not tepid-sponge

Safety netting - explain to come back at any time if:

- The child has a fit or loses consciousness
- The child becomes more unwell e.g. drowsy, not drinking, fast breathing
- A non-blanching rash appears
- Parents are very worried
- The fever is lasting longer than 5 days

Follow up - Make sure they know about any follow up appointments and plan of how to review any pending results (e.g. urine culture)

Urinalysis in febrile children

When to check urine

- If unexplained fever of ≥38°C, especially if <3 years
- With symptoms or signs suggestive of UTI
- With an alternative site of infection but who remain unwell

Which test?

Urine chemistry (dipstick)	If low clinical suspicion or cost is a problem In most cases, this will be enough
Urinalysis (microscopy + dipstick)	If able to afford, especially age <3y — *slightly* higher sensitivity than dipstick alone
Urine culture + urinalysis	If suspected upper UTI, persistent UTI despite treatment, high risk of serious illness, recurrent UTI, child unwell

Getting a sample

<2 months age: preferably catheter sample – will be done by Peds team

>2 months age: preferably clean catch ('quick-pee method' can help – gentle circular stimulation of suprapubic area with gauze soaked in cold fluid)

Interpretation of urinalysis – evaluate results of dipstick and microscopy together if both done:

Dipstick result	**Action**
Children >2m but <3y	
Leukocyte - Nitrate -	Unlikely UTI, look at microscopy if done Explore other reasons for illness
Leukocyte and/or nitrite +	Start antibiotics (see UTI guideline)
Children >3y	
Leukocyte + Nitrite +	Likely UTI
Leukocyte and/or nitrite +	Possible UTI (nitrite+ more convincing than leuk+), look at clinical picture and microscopy if done
Leukocyte - Nitrite -	Unlikely UTI, look at microscopy if done Explore other reasons for illness
Microscopy results	
Pyuria suggested by >10 WBC/HPF, especially at high levels Squamous epithelial cells - indicate *contamination*	
Pyuria + bacteriuria +	Likely UTI – start antibiotics (see UTI guideline)
Pyuria + bacteriuria -	May not be significant; look at dipstick result and clinical picture
Pyuria – bacteriuria +	Often *contamination*; look at dipstick results and clinical picture
Pyuria – bacteriuria -	Unlikely UTI, look at dipstick if done Explore other reasons for illness

References:
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