

Fever in children - FAQs for GPs

When should a child be seen face-to-face?

- Children classed as 'amber' on the [NWL traffic light guideline](#)
- Some GPs may choose to see all child with a fever $>38^{\circ}\text{C}$ face-to-face, or where there is significant parental concern. This may help to provide reassurance to parents, identify seriously unwell children and reduce presentations to secondary care

Which children need COVID testing?

- Most children who are febrile will have a non-COVID infection and do not need COVID-19 testing
- Testing is not needed prior to examination but if COVID-19 is suspected, don PPE (gloves, apron, mask and risk-assess the need for eye/face protection if anticipating bodily fluid spray or splash) and consider other measures e.g. using side entrances
- Follow [government guidance](#) when advising parents to get their children tested

Should children be referred to escalated care clinics ("hot hubs")?

- It is good practice to see all young people up to age 18 in their own GP practice to take into consideration wider diagnostics and family factors
- Children under 12 years should generally not be referred to an Escalated Care Clinic, however, they may be seen if there is substantial reason to suspect they have COVID-19
- For more information, ensure you follow [NWL guidance](#) on escalated care clinics

Which children should be referred to ED?

- Any child classed as 'red' on the [NWL traffic light guideline](#) should be referred urgently
- Call 999 if you are concerned about a life-threatening emergency
- [Telephone advice and guidance](#) is available. These phone lines are manned by on-call doctors, so response may be delayed if the paediatrician is at an emergency

Can procedures such as tonsillar examination and peak flow testing be performed safely?

- Tonsillar examination is no longer advised against and can be performed safely with appropriate PPE (gloves, apron, mask and risk-assess the need for eye/face protection if anticipating bodily fluid spray or splash)
- The use of peak flow meter is not an aerosol generating procedure and can also be undertaken safely

Do children experience post-COVID symptoms?

- Yes, a small proportion of children (1.8-8%) report persistent symptoms at 12 weeks following COVID-19 infection
- Our current understanding about post-COVID syndrome in children is limited, but those children who are experiencing limitations to daily activities should be assessed and supported

How do I manage children with post-COVID symptoms in primary care?

- Undertake a holistic assessment and investigate symptoms appropriately for an alternative diagnosis
- If further support is needed, discuss with a general paediatrician, using the [Advice and Guidance directory](#) (or local Child Health Hub support, where available)
- Further information and links to post-COVID resources will be disseminated shortly

Are extra precautions required for clinically extremely vulnerable (CEV) children?

- The vast majority of children with conditions including asthma, cystic fibrosis, diabetes, epilepsy and kidney disease are not CEV and should be managed as normal
- RCPCH has provided [guidance](#) on which children may be clinically extremely vulnerable (CEV) to COVID-19 infection
- Some of these children may be eligible for COVID -19 vaccine (see below)
- Children from BAME backgrounds and those who are obese are at slightly higher risk of hospital admission related to COVID-19

Are children being offered COVID-19 vaccination?

- Yes, recent guidance advises that children and young people aged ≥ 12 years with specific underlying health conditions, should be offered COVID-19 vaccination
- This includes children with:
 - Severe neurodisability
 - Down's syndrome
 - Immunosuppression
 - Profound and multiple learning disabilities, severe learning disabilities or on the learning disability register
- In addition, children and young people ≥ 12 years who are household contacts of people who are immunosuppressed should also be offered vaccination.
- For more information, visit [this website](#)

What monitoring is needed in primary care?

- Every febrile child that is assessed face-to face should have heart rate, respiratory rate and temperature checked
- Pulse oximetry is useful but not essential

What is PIMS-TS?

- A small number of children have developed a significant systemic inflammatory response to COVID-19 infection. This is known as paediatric multisystem inflammatory syndrome temporally associated with COVID-19, or PIMS-TS
- These children tend to present with persistent fever and non-specific symptoms e.g. mimicking sepsis or abdominal presentations
- There is usually a history of previous COVID-19 infection or a positive contact
- If you are concerned, please discuss with secondary care using the [Advice and Guidance directory](#). For more information see [RCPCH guidance](#) on PIMS-TS

RSV Top Tips

What is Respiratory Syncytial Virus (RSV)?

- RSV is a common virus that usually causes mild, cold-like symptoms and can cause more serious illnesses, such as bronchiolitis
- We are seeing much higher levels of RSV and other winter viruses this summer
- It is predicted that the number of RSV cases will sharply rise in autumn/winter to double that of a normal year

Which children are at risk of serious illness from RSV?

- Age <3 months
- Ex-preterm infants
- Infants with congenital heart disease or chronic lung disease
- Infants with immunosuppression due to a medical condition or medical treatment

How does RSV bronchiolitis present?

- Children <1 year, most commonly between 3-6 months
- Coryzal prodrome followed by cough, breathing and feeding difficulties
- Examination may reveal crackles and widespread wheeze with mild to severe respiratory distress
- Symptoms peak at 3-5 days
- Cough can take up to 3 weeks to resolve

When should I refer a child with bronchiolitis to ED?

- Severe respiratory distress (e.g. marked chest recession, RR >60)
- Apnoea
- Oxygen saturation <93%
- Inadequate oral fluid intake (50-75% of usual volume) or clinical dehydration
- Signs of exhaustion (e.g. not responding to social cues, drowsy)
- Any other 'red' features as per [NWL traffic light guideline](#)

Authors: Dr Mashal Shamsuddin, Dr Sarah Johnson

With thanks to the team at Connecting Care for Children for the production of this document and with thanks to Central London Community Healthcare NHS Trust for contribution to RSV Tips