# **Guideline for Hospital Admission**

### Ministry of Public Health - Lebanon

### Clinical assessment and admissions for Fever in Children younger than 5 years

Children with fever and **any** of the symptoms or signs in the High risk column should be recognized as being at high risk; **hospital admission is recommended**.

Children with fever and **any** of the symptoms or signs in the Intermediate risk column and none in the High risk column should be recognized as being at intermediate risk; **hospital admission may be recommended**; do consider other factors outlined at end of guideline.

Children with symptoms and signs in the Low risk column and none in the Intermediate or High risk column are at low risk; **treatment at home is recommended**; do consider other factors outlined at end of guideline.

In addition to the child's clinical condition (assessed as per above table), the following factors should be considered when deciding whether to admit a child with fever to hospital:

- Social and family circumstances
- Other illnesses that affect the child or other family members
- Parental anxiety and instinct (based on their knowledge of their child)
- Contacts with other people who have serious infectious diseases
- Recent travel abroad to tropical/subtropical areas, or areas with a high risk of endemic infectious disease
- When the parent or carer's concern for their child's current illness has caused them to seek healthcare advice repeatedly
- Where the family has experienced a previous serious illness or death due to feverish illness which has increased their anxiety levels
- When a feverish illness has no obvious cause, but the child remains ill longer than expected for a self-limiting illness.

#### **References:**

UK NICE Guideline, Fever in Children younger than 5 years (2007).

# **Checklist:**

	Low risk	Intermediate risk	High risk
Colour	☐ Normal colour of skin, lips and tongue	☐ Pallor reported by parent/carer	☐ Pale/mottled/ashen/blue
Activity	<ul> <li>□ Responds normally to social cues</li> <li>□ Content/smiles</li> <li>□ Stays awake or awakens quickly</li> <li>□ Strong normal cry/not crying</li> </ul>	<ul> <li>□ Not responding normally to social cues</li> <li>□ Wakes only with prolonged stimulation</li> <li>□ Decreased activity</li> <li>□ No smile</li> </ul>	<ul> <li>□ No response to social cues</li> <li>□ Appears ill to a healthcare professional</li> <li>□ Unable to rouse or if roused does not stay awake</li> <li>□ Weak, highpitched/continuous cry</li> </ul>
Respiratory		□ Nasal flaring □ Tachypnoea: RR > 50 breaths/minute age 6-12 months RR > 40 breaths /minute age > 12 months □ Oxygen saturation ≤ 95% in air □ Crackles	☐ Grunting ☐ Tachypnoea: RR > 60 breaths/minute ☐ Moderate or severe chest indrawing
Hydration	☐ Normal skin and eyes ☐ Moist mucous membranes	<ul> <li>□ Dry mucous membranes</li> <li>□ Poor feeding infants</li> <li>□ CRT&gt;=3seconds</li> <li>□ Reduced urine output</li> </ul>	□ Reduced skin turgor
Other	□ None of the intermediate or high risk symptoms or signs	☐ Fever >=5 days ☐ Swelling of a limb or joint ☐ Non-weight bearing / not using an extremity	☐ Age 0–3 months, temperature ≥ 38°C ☐ Age 3-6 months, temperature ≥ 39°C ☐ Non-blanching rash ☐ Bulging fontanelle ☐ Neck stiffness ☐ Status epilepticus ☐ Focul neurological signs ☐ Focal seizures
CRT Capillary refi	ll time; RR, respiratory rate.	☐ A new lump >2cm	☐ Bile-stained vomiting