

Department of Health Research Ministry of Health and Family Welfare, Government of India



Standard Treatment Workflow (STW) for the Management of FEVER IN CHILDREN ICD-10-R50

FEVER IS Core (rectal) temperature ≥ 38.0°C (100.4°F) or axillary temperature > 37.5°C (100.4°F).

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		EXAMI	INATION	CLUE	S TO A SPECIFIC DIAGNOSIS	
Fever duration		Vital signs: Temp, H	Vital signs: Temp, HR, RR, BP, CFT		Fever + respiratory symptoms: • Cough, runny nose: URTI • Membrane over tonsils/pharynx:	
A A	Localizing symptoms of: RTI, UT tract infection, CNS infection			Diphtheria		
WHAT TO ASK?	Rash, joint symptoms, skin/ sof tissue swelling or redness	 Ear, nose, throat Rash (petechieae, mavesicles, nodules, pol Lymphadenopathy Skin (pustules, pyode cellulitis) 	 Rash (petechieae, macules, papules, vesicles, nodules, polymorphic) Lymphadenopathy Skin (pustules, pyoderma, impetigo, cellulitis) 		 Fever + rash Red maculopapular rash: Measles, Rubella, Dengue. Fine generalized maculopapular rash with systemic dysfunction/shock: Meningococcemia. Itchy erythematous macules evolving to clear vesicles: Varicella 	
Cutt	Vaccination within 24 hours, drug/ toxin exposure	• Joints • Genitalia (for erythen • Bones	na, tenderness, edema)	Fever + other symptoms:		
Family/ neighbourhood history of similar illness		Systemic Examination • Chest auscultation, abdominal palpation, CNS, CVS		 Arthritis: Consider Chikungunya, acute rheumatic fever, JIA Strawberry red tongue, skin peeling, lymphadenopathy, conjunctival injection: Kawasaki disease 		
(Conside	r if one or more of the following a	INVESTIGATION OF THE FEBRILE are warranted. Perform investig		impacts ma	anagement)	
<7 DAYS FEVER ALONE	<7 DAYS AND LOCALIZING SYMPTOMS PRESENT	<7 DAYS AND NON SPECIFIC SYMPTOMS	>7 DAYS AND FEVER ALONE OR WITHOUT LOCALIZING SYMPTOMS		>7 DAYS AND LOCALIZING SYMPTOMS PRESENT	
ESSENTIAL: If fever <72 hours and child not looking sick: No	ESSENTIAL: As given in the first box	ESSENTIAL: As given before DESIRABLE: As given	ESSENTIAL: All mentioned in Essential & Desirable list in the prior boxes. Additionally consider Widal test. DESIRABLE: Consider Mantoux test, ultrasonography OPTIONAL: As given before. Additionally consider:		ESSENTIAL: All investigations mentioned in the prior boxes	
investigations If fever >72 hours, consider: TLC, DLC, P.S for leukocyte morphology, malarial parasite & platelet count	DESIRABLE: As given in the first box + consider: (Clean-catch) urine microscopy & culture, chest Xray, CSF analysis	before. Additionally consider: serology for specific viral infection, rapid antigen test for malaria, NS1 antigen and dengue IgM antibody, blood culture, serology			DESIRABLE: All investigations mentioned in the prior boxes. Additionally consider: serology for Brucella, CMV, Herpes, Japanese encephalitis. CT scan in deep seated abscess or lung	

for scrub typhus

OPTIONAL: As given before

OPTIONAL: As given in the

ultrasonography, throat/

pharyngeal swab, pus

first box + consider:

aspiration.

DESIRABLE: Rapid antigen test for malaria, NS1 antigen and dengue IgM antibody, blood culture

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Consider: bone marrow, ANA-profile, HIV serology, echocardiography, CT PET scan.

Ultrasonography of abdomen,

abscess, lymph node clusters,

chest, pericardium, joint(s),

microscopy, Xpert MTB RIF

assay, Mycobacterial culture.

parotid gland etc, for

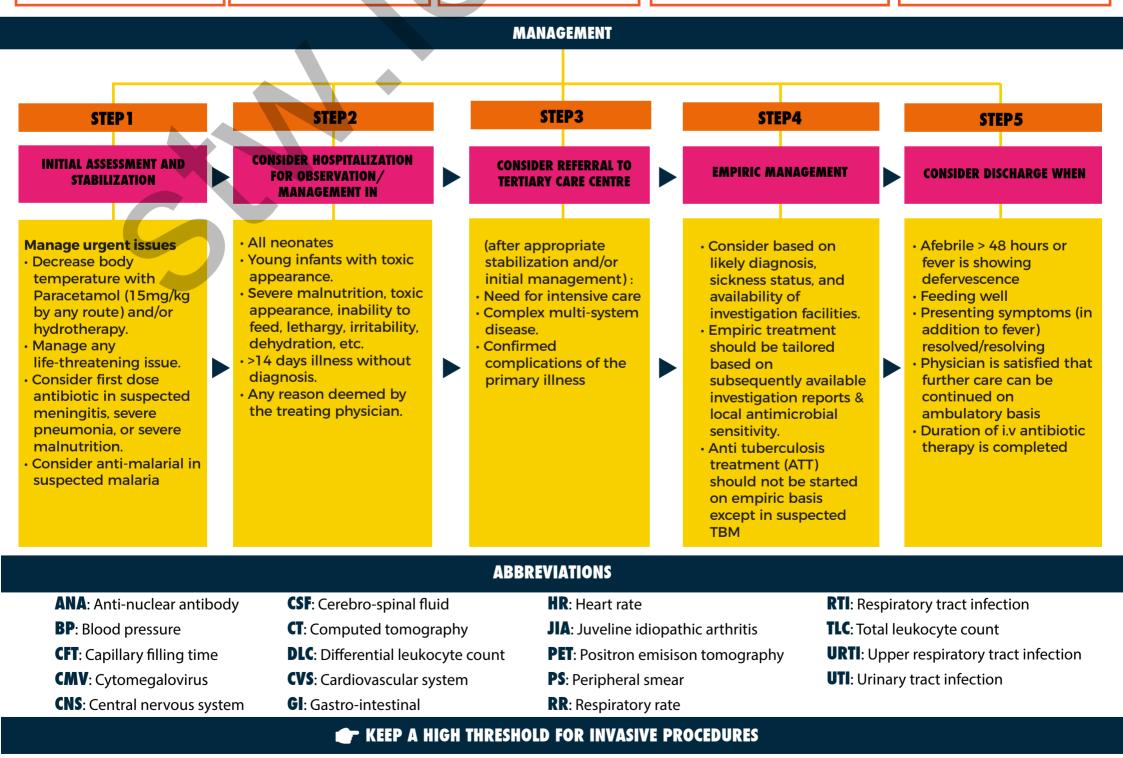
investigations mentioned in the prior boxes

abscess, Bone marrow

HIV serology, PET scan.

OPTIONAL: All

examination, ANA profile,



REFERENCES

- 1. World Health Organization. Integrated Management of Childhood Illness: distance learning course.
- http://apps.who.int/iris/bitstream/handle/10665/104772/9789241506823_Module-5_eng.pdf;jsessionid=942F89F89671BA396EC7F46C9B5C1158?sequence=7
- 2. Mahajan P, et al. Consensus Guidelines on Evaluation and Management of the Febrile Child Presenting to the Emergency Department in India. Indian Pediatr 2017; 54: 652-60.
- 3. World Health Organization 2015. Government of India National Guidelines for Clinical Management of Dengue Fever.
- 4. Kliegman RM (ed). Nelson Textbook of Pediatrics 20th edition, 2016.

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.