

# Protocol 9-3

**SECTION:** Pediatric General Medical Emergencies

**PROTOCOL TITLE:** General – Fever

**REVISED:** 06/2017

## OVERVIEW:

Fever is a common chief complaint of children encountered in the pre-hospital environment. Patients with fever present in many different ways, depending on the age of the patient, the rate of rise of the temperature, the magnitude of the fever, the etiology of the fever, and the underlying health of the patient. The patient's skin will be warm to the touch, and may be flushed on observation. The patient may also complain of being warm and perspiring. It is important to recognize that fever represents a symptom of an underlying illness and the actual illness must be determined and treated. Flu-like symptoms may accompany fevers, but it should not be assumed that fevers with these symptoms are minor, as there may be a serious underlying medical condition. Febrile seizures usually are self-limiting and typically occur once from a rapid rise in temperature, usually above 101.8°F / 38.7°C. If more than one seizure occurs, causes other than fever should be suspected. The first occurrence of a seizure warrants the most concern, because the benign nature of the illness has not been established.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> <li>• Age</li> <li>• Duration of fever</li> <li>• Severity of fever</li> <li>• Any previous decrease or elevation of fever since onset</li> <li>• Past medical history</li> <li>• Medications</li> <li>• Immuno-compromised (transplant, HIV, diabetes, cancer)</li> <li>• Recent illness or socialization with others with illness.</li> <li>• Vaccinations</li> <li>• Poor PO intake</li> <li>• Urine production, decrease in diapers</li> <li>• Last acetaminophen dose</li> </ul>	<ul style="list-style-type: none"> <li>• Altered mental status</li> <li>• Unconsciousness</li> <li>• Hot, dry, or flushed skin</li> <li>• Tachycardia</li> <li>• Hypotension, shock</li> <li>• Seizures</li> <li>• Nausea, vomiting</li> <li>• Weakness, dizziness, syncope</li> <li>• Restlessness</li> <li>• Loss of appetite</li> <li>• Decreased urine output</li> <li>• Rapid, shallow respirations</li> <li>• Associated symptoms (helpful in localizing source): myalgias, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash</li> </ul>	<ul style="list-style-type: none"> <li>• Infection, sepsis</li> <li>• Neoplasms, cancer, tumors, lymphomas</li> <li>• Medication or drug reaction</li> <li>• Connective tissue disease</li> <li>• Vasculitis</li> <li>• Thermoregulatory disorder</li> <li>• Hyperthyroid</li> <li>• Heat stroke</li> <li>• Drug fever</li> </ul>

**FEVER**

# Protocol 9-3

Continued

## FEVER

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Support life-threatening problems associated with airway, breathing, and circulation.	•	•	•	•	•
3. Administer oxygen to maintain $SPO_2$ 94 - 99%	•	•	•	•	•
4. If the patient is having a seizure, refer to the <u>Pediatric Seizure protocol</u> .	•	•	•	•	•
5. If temperature is greater than 106° F / 41°C, refer to <u>Hyperthermia Patient Care Protocol</u> .	•	•	•	•	•
6. Begin passive cooling by removing excess and constrictive clothing. Avoid over-exposure.	•	•	•	•	•
7. Obtain blood glucose sample. If glucose is < 60 mg / dL or > 300 mg / dL, refer to <u>Pediatric Hypoglycemia</u> or <u>Hyperglycemia Patient Care Protocol</u> .		•	•	•	•
8. Establish an IV of normal saline at KVO. Titrate to a systolic pressure appropriate for child: a. Birth to 1 month - 60 mmHg b. 1 month to 1 year - > 70 mmHg c. Greater than 1 year - 70 + [2 x Age (years)]			•	•	•
9. If hypoperfusion is suspected, refer to the <u>Pediatric Shock protocol</u> .	•	•	•	•	•
10. Perform ongoing assessment as indicated and transport promptly.		•	•	•	•

### PEARLS:

1. Fevers with rashes are abnormal and should be considered very serious.
2. Fevers in infants  $\leq$  3 months old should be considered very serious.
3. Patient may seize if temperature change is rapid, be cautious and prepared to manage both seizure activity and airway at all times.
4. If fever is present with hypotension, it may indicate the patient is in septic shock.
5. Febrile seizures are more likely in children with a history of febrile seizures.
6. It is important to know if an elevation in temperature signals the abrupt onset of fever or represents the gradual worsening of a long-term fever.
7. Cooling in the pre-hospital environment with water, alcohol, or ice is discouraged.
8. Fevers in children of 104°F / 40°C for greater than 24 hours should be considered serious.
9. A common error in the treatment of fever is to wrap the patient in multiple layers of clothing and blankets. This only contributes to the rise in temperature.