East London Health & Care Partnership

FAQs for GPs Assessing Febrile Children

This document answers your frequently asked questions about febrile children in GP Practices

Is it safe to assess children with a fever face-to-face?

Yes. GPs can be reassured by the recent evidence that children presenting to primary care with a fever are less likely to be COVID-19 positive than adults. The risk of a child transmitting COVID if seen at the surgery is almost certainly lower than the risk from an adult. Febrile children are more likely to have a non-COVID infection, and children with COVID-19 are often asymptomatic. Reduce the risk of transmission with use of appropriate personal protective equipment (PPE) and other simple measures, such as use of a separate entrance

What PPE do we need?

The current Public Health England advice is that using basic PPE (fluid-resistant mask, apron, gloves, good hand hygiene) is sufficient. Eye protection is risk-assessed and required if there is a risk of splashing/spraying. This is the current standard in secondary care, alongside thorough cleaning of environments in between patients and appropriate social distancing. Advanced PPE (such as FFP3 masks) is only required for aerosol generating procedures which are not commonly performed in primary care settings

Can patients be seen virtually instead?

Virtual consultations, especially video, can be used effectively as a method of triaging patients – "talk before you walk". They should not, however, replace the face to face assessment of unwell children. It is important to note the limitations of virtual consultation: poor image quality can make it challenging to perform a visual inspection, and the inability to auscultate, palpate and accurately measure vital signs makes it challenging to assess a patient. Any patients seen virtually require robust safety-netting advice. “AccuRx” is useful for this

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

Children should be assessed using the NICE traffic light guideline.
All children classed as unwell (amber/red features) on triage should be seen face to face by a GP or experienced clinician in primary care. If on triage/ face to face assessment the child is deemed seriously unwell they should be referred and directed to A&E urgently
https://www.nice.org.uk/guidance/ng143/resources/support-for-education-and-learning-educational-resource-traffic-light-table-pdf-6960664333

Are Escalated Care Clinics ("hot hubs") still running and should children be referred?

Under 12’s who are febrile are more likely to have a non-COVID infection and should ideally be assessed by their regular practice. Whilst some Escalated Care Clinics are still running, a number are being scaled back due to reduced demand. We recommend checking with your local services

Do children with COVID present with atypical symptoms?

The RCPCH has produced an evidence summary discussing the range of symptoms for children presenting with COVID (https://www.rcpch.ac.uk/resources/covid-19-research-evidence-summaries#clinical-features-and-investigations). However, at present the case definition with regards to COVID testing is still based on the 3 features of fever, new continuous cough, or loss/change of sense of smell.
This may change as further information becomes available.

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How to assess patients with suspected tonsillitis?

The RCPCH advises that where a diagnosis of tonsillitis is suspected on clinical history the default remains not to examine the throat unless absolutely necessary and children should not be referred to secondary care solely for a tonsillar examination. Consider asking the patient to send a photograph of their tonsils instead of face-to-face examination. If the tonsils must be examined, droplet PPE is required (gown, gloves, fluid-resistant mask, and eye protection). For children over the age of 3, the "feverpain" scoring system can be used to decide if antibiotics are indicated. In lieu of examination, the patient can automatically be given a score of 2 if there is a history consistent with tonsillitis and antibiotics considered if patient scores 4-5

Are there any tips for how to assess a child virtually?

- Establish the heart rate by asking the patient's parent/carer to tap out their pulse
- Ask the patient's parent / carer to feel the patient's hands to see if they are cool. Feel up the arms, moving centrally until they feel warm (rough indication of intravascular volume status and peripheral perfusion)
- Hydration status (mucous membranes, frequency of urination, alertness, etc.) can be assessed via video. The parent can be asked to calculate capillary refill time by applying moderate pressure to the finger for 5 seconds, and the clinician will count the seconds for refill. To assess skin turgor, have the parent pinch the tummy and observe for recoil.
- Ask the patient to put their hand on their chest to more easily calculate the respiratory rate, and use video to look for signs of respiratory distress
- If any concerns about rashes, the doctor can ask the parent/carer to send photos (which have a better image quality than video) and they can perform the glass test while on the video call
- For a rough screening tool for peritonitis you can ask the patient to 'blow their tummy out' or 'cough' – a patient with peritonitis will often grimace (although it is not possible to observe peritonitis remotely)
For more guidance on remote consultations, refer to guidance from NHS England: *www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf*

Case studies

A child with simple coryza

A child who presents with coryza can be reassured and safety netted. If the patient has concomitant fever, assess clinically and consider other causes of fever (e.g. sepsis)

A child with a significant fever

All children with a significant fever (>38 less than 3 months, >39 3-12 months, or >38 for 5 days or more in any age group) need to be assessed - initially remotely, and if necessary face-to-face. Consult the traffic light document. Don basic PPE and consider utilising side entrances / consult away from other service users (to avoid unnecessary contact). Consider the differentials (COVID-19 being the least likely cause) and treat accordingly. For test and trace purposes these patients should get a COVID-19 swab (organised by the parent via the NHS portal or by calling 119)

A child with a COVID-19 symptoms

If a child presents with COVID-19 symptoms (fever, new cough, or loss of sense of taste and smell) they can be seen by the GP if required, using appropriate PPE. Mostly, they will be well and can be managed remotely. A COVID-19 swab (organised by the parent via the NHS portal or by calling 119) is important for test and trace purposes, not for diagnosis. Consider other causes of fever such as; otitis media, tonsillitis and UTI. PIMS (Paediatric Multisystem Inflammatory Syndrome) is very rare, but children presenting as seriously unwell ('red' symptoms on NICE traffic light system) will need referral to A&E. A child who presents to A&E will have their immediate health needs addressed, but will not have a COVID swab unless they are being admitted

connecting care for children

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NHS North West London Collaboration of Clinical Commissioning Groups

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