

# Pediatric Fever

For reported or tactile fever that is NOT suspected sepsis.

### History

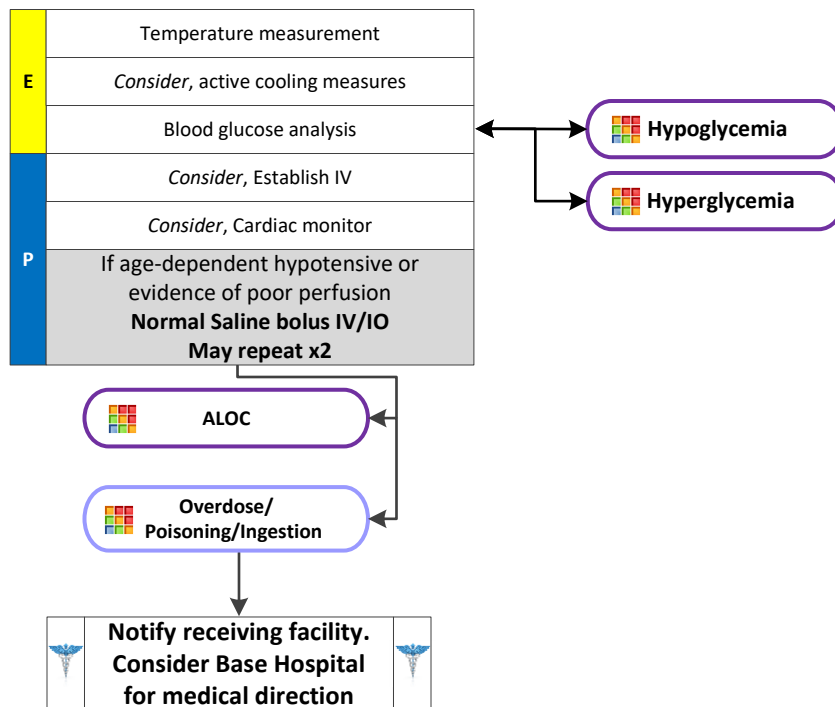
- Age
- Duration of symptoms
- Maximum temperature
- Past medical history
- Medications
- Immunocompromised (e.g., transplant, HIV, diabetes, cancer)
- Environmental exposure
- Last acetaminophen/ibuprofen
- Recent travel

### Signs and Symptoms

- Hot
  - Flushed
  - Sweaty
  - Chills/rigors
- Associated Symptoms (helpful to localize source)**
- Malaise, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash

### Differential

- Infection/sepsis
- Cancer/tumors/lymphomas
- Medication or drug reaction
- Connective tissue disease (e.g., Juvenile Rheumatoid Arthritis (JRA) or vasculitis)
- Heat stroke
- Meningitis
- Overdose/toxic ingestion
- Travel illness (e.g., Malaria, Ebola)



### Pearls

- Children under the age of two years should receive a rectal temperature when possible.
- Signs and symptoms of poor perfusion include delayed cap refill, AMS, mottling, and tachypnea.
- Rehydration with fluids increases the patient’s ability to sweat and facilitates natural heat loss.
- Consider Ebola and obtain recent travel history.
- When you have a concern for a contagious infectious disease (i.e., measles, SARS, Ebola), contact your supervisor.