

Improving Primary Care Assessment of Children under Five Presenting with Fever

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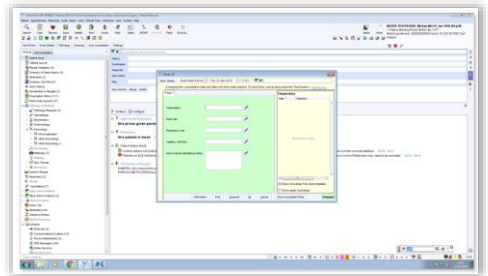
Introduction

- Feverish illness most common reason for children to be seen in GP
- Also a cause of major parental concern
- NICE guideline: all children presenting with feverish illness should have temperature, heart rate, respiratory rate and capillary refill time assessed and recorded
- We aimed to review and improve assessment in busy practice with 4900 registered patients

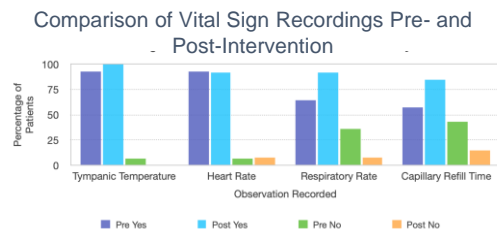
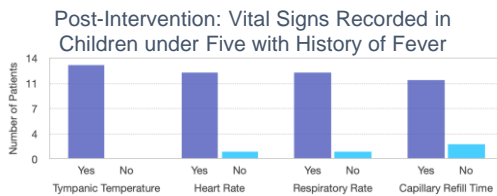
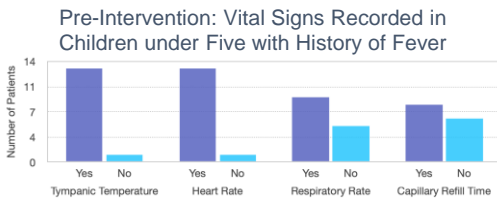
Methods

- Used PDSA methodology
- Reviewed consultation notes of all children under five
- Designed "Fever <5" *SystemOne* template with prompts for vital signs
- Presented findings and template at practice meeting
- Reviewed consultation notes to assess performance over one month

Template



Results



Conclusions

- Pyrexia can be variable in children
- Parents often give antipyretic prior to attending surgery
- Important to include children with a history of fever, not just with recorded temperatures on presentation
- Succinct and simple electronic template will help to improve assessment of fever in this population

- Achieved 100% on measurement and recording of vital signs in children with recorded temperatures >38 degrees
- Pre-intervention: vital signs recorded 50% in children presenting with history of fever
- Improved to 85% post-intervention