

Information for GPs

[Dr Liz Whittaker sharing some advice for GPs who are seeing children with fever](#)

<https://vimeo.com/458197692/3d575c8691>

Assessing the unwell child

- COVID-19 is rarely the cause of sickness in children
- Assess the child remotely; **'talk before you walk'**
- Then see the child face-to-face if you need to

Under-12s who are febrile are likely to have a non-COVID infection.

They should not be referred to an Escalated Care Clinic, but instead should be assessed by their registered practice.

Remote video consultation is often effective and usually much better than telephone consultation alone.

A child with simple coryza

Children under 12 years who present 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 COVID-19 Symptoms

If a child presents with COVID-19 symptoms (fever, new cough, loss of sense of taste and smell) they *can* be seen by the GP, using appropriate PPE, but **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.

A child with a fever of ≥ 38.5 degrees

All children with a significant fever need to be assessed by a GP – 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)