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Standardized approach versus traditional approach in management of fever in children less than five years

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Background: Fever is one of the most frequently encountered pediatric problems, accounting for 25% of visits to pediatric emergency room. The vast majority of young children with fever have an infectious etiology, like cold, upper respiratory tract infections (ear infection, croup, bronchiolitis and pneumonia), gastroenteritis, UTI and other infections, but there are also other important causes of fever in children under five years as immunization reaction, collagen vascular disease, chronic inflammatory disease, metabolic disease, transfusion reaction, drug fever, or poisoning. The cause of fever in young children can be a diagnostic challenge because it is often difficult to identify the exact cause as in most cases the acute illness is due to self-limiting viral infection however; fever may also be the presenting feature of serious bacterial infections such as meningitis or severe pneumonia.

Objective: This study aimed to compare between two different approaches; the standardized approach of IMCI (Integrated Management of Childhood Illness) versus the traditional approach in management of fever in children less than five years old.

Methods: This is a prospective study carried out on 50 children less than five years old represented with fever attended the outpatient clinic of Minia University Hospital for children during the period from September 2012 to January 2014. These 50 children were divided into 2 main groups: Group I: Included 25 children subjected to standardized (IMCI) approach of management which designed with limited diagnostic tools, limited medications and opportunities to practice complicated clinical procedures to reach a classification rather than diagnosis, and Group II: Included 25 children subjected to traditional approach of management which designed to use serial investigations and procedures with many medications to reach to a specific cause or diagnosis.

Results: Most of children in standardized approach (64%) were diagnosed at 1st day, while most of children in traditional approach were diagnosed at 4th (34%) or 5th day (20%), these differences were statistically significant, and 60% of children treated with the standard approach was improved compared to only 12% of children treated with traditional approach, 40% of treated with traditional approach had worse outcome compared to 16% of treated with the standard approach and these differences were statistically significant.

Conclusions: This study showed that the standardized approach of IMCI designed to reach a classification and/or a diagnosis earlier with much better outcome than the traditional approach in majority of cases which is better for practical applications especially in developing countries.

Biography

Abdel-Azeem M El-Mazary has completed his MBBCh and MD degree from Minia University, Egypt. He did Post-doctoral workshops and training courses in Pediatrics in both Cairo and Mansoura Universities, Egypt. He is the Director of Neonatology Unit Clinic of Minia University Hospital. He is working as Associate Professor in Pediatrics, Pediatric Department, Minia University. He has published more than 16 papers in reputed journals and has been serving as an Editorial Board Member of *Science Research Journal* and as a Reviewer in *European Journal of Clinical Nutrition*.

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