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Management of febrile children is an intrinsic aspect of pediatric practice

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Febrile children account for 15% of emergency department visits and outcomes range from the presence of serious bacterial infection to benign self-limited illness. A clinically significant fever in children younger than 36 months is a rectal temperature of at least 100.4°F (38°C). Axillary, tympanic, and temporal artery measurements have been shown to be unreliable.15–18 Neonates whose parents report a clinically significant fever may have a serious bacterial infection, even if they do not have a fever at the time of their initial medical evaluation.

The evaluation of febrile children younger than 36 months has long presented the challenge for physicians of ensuring that children with serious bacterial infection are appropriately identified and treated, while minimizing the risks associated with invasive testing, hospitalization, and antibiotic treatment. The epidemiology of febrile illness in children has changed dramatically with the introduction of several vaccines targeted at this age group, and with the use of antibiotic prophylaxis during childbirth. Because of this, earlier guidelines have been questioned. This article focuses on previously healthy febrile children younger than 36 months. Those with significant preexisting conditions (e.g., prematurity, immune compromise) should be evaluated on a case-by-case basis. The oral and rectal routes should not routinely be used to measure the body temperature of children aged 0–5 years.(4) In infants under the age of 4 weeks, body temperature should be measured with an electronic thermometer in the axilla. In children aged 4 weeks to 5 years, healthcare professionals should measure body temperature by one of the following methods:

- Electronic thermometer in the axilla
- Chemical dot thermometer in the axilla
- Infrared tympanic thermometer

Forehead chemical thermometers are unreliable and should not be used by healthcare professionals.

Reported parental perception of a fever should be considered valid and taken seriously by healthcare professionals. (6).

- Clinical red flags for serious infection in children more than one month:
- Global Assessment: Parental Concerns, Physician instinct
- Child behavior: Changes in crying pattern, Drowsiness, Consolability, Moaning
- Circulatory or Respiratory: Crackles, Cyanosis. Decreased breath sounds. Poor peripheral circulation, Rapid breathing, Shortness of breath
- Other Factors: Decreased Skin elasticity, Hypotension, Meningeal irritation, Petichial rash, Seizures, Unconsciousness

Biography

Consultant Pediatrician Emirates hospital clinics Fujairah since February 2017 till now. 35 years of experience in Neonatology, Pediatric Allergy, and immunology and General Pediatrics. MD pediatrics Cairo university 1998. Msc. Pediatrics Azhar university. 1984. MBBch AIN Shams University 1979. EAACI membership (European Academy of Allergy and clinical immunology) Egyptian Neonatology society Egypt. Previous experiences: Consultant pediatrician and HOD Massafi Hospital, 2014 till 11-2017, Consultant pediatrician and neonatology Dibba Hospital 2012-2014. Consultant Pediatrician and Neonatology Al Rahba Hospital. Abu Dhabi 2010-2012. Consultant Pediatrician and Neonatology Al Manea Hospital KSA 2005-2010. Consultant pediatrician & HOD neonatology ATFAL MISR hospital Egypt.

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