

	Traffic light system for identifying severity of illness		
	Green – Low Risk	Amber – Intermediate Risk	Red – High Risk
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Responds normally to social cues</li> <li>• Content/smiles</li> <li>• Stays awake/awakens quickly</li> <li>• Strong normal cry</li> </ul>	<ul style="list-style-type: none"> <li>• Altered response to social cues</li> <li>• No smile</li> <li>• Reduced activity</li> <li>• Parental anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Not responding normally or no response to social cues</li> <li>• Unable to rouse or if roused does not stay awake</li> <li>• Weak, high pitched or continuous cry</li> <li>• Appears ill</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>• Normal skin colour</li> <li>• CRT &lt;2 secs</li> <li>• Normal skin turgor</li> <li>• Warm extremities</li> <li>• Normal eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Normal skin colour</li> <li>• Pallor reported by parent/carer</li> <li>• Cool peripheries</li> <li>• CRT 2-3 secs</li> </ul>	<ul style="list-style-type: none"> <li>• Pale, mottled, ashen</li> <li>• Cold extremities</li> <li>• CRT &gt;3 secs</li> <li>• Sunken eyes</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Normal breathing</li> <li>• &lt;12m: RR &lt;50bpm</li> <li>• 1-5y: RR &lt;40bpm</li> <li>• O<sub>2</sub> sats ≥ 95%</li> <li>• No chest recessions</li> <li>• No nasal flaring</li> </ul>	<ul style="list-style-type: none"> <li>• Tachypnoea</li> <li>• Moderate recessions</li> <li>• May have nasal flaring</li> <li>• &lt;12m: RR 50-60bpm</li> <li>• 1-5y: RR 40-60bpm</li> <li>• O<sub>2</sub> sats: 92-94%</li> </ul>	<ul style="list-style-type: none"> <li>• Significant respiratory distress</li> <li>• Grunting</li> <li>• Apnoeas</li> <li>• Severe recessions</li> <li>• Nasal flaring</li> <li>• All ages: RR &gt;60bpm</li> <li>• O<sub>2</sub> sats: ≤ 92%</li> </ul>
<b>Circulation</b>	<ul style="list-style-type: none"> <li>• Tolerating 75% of fluid</li> <li>• Occasional cough induced vomit</li> <li>• Moist mucous membranes</li> </ul>	<ul style="list-style-type: none"> <li>• 50-75% fluid intake over 3-4 feeds</li> <li>• Cough induced vomiting</li> <li>• Reduced urine output</li> </ul>	<ul style="list-style-type: none"> <li>• 50% or less fluid intake over 2-3 feeds</li> <li>• Cough induced vomiting frequently</li> <li>• Significantly reduced urine output</li> </ul>
<b>Fever</b>	<ul style="list-style-type: none"> <li>• Systemically well</li> <li>• T &lt;38°C</li> </ul>	<ul style="list-style-type: none"> <li>• Age 3-6m: T ≥ 39°C</li> <li>• Fever for ≥5d</li> <li>• Rigors</li> <li>• Swelling of a limb or joint</li> <li>• Non-weight bearing limb/not using an extremity</li> </ul>	<ul style="list-style-type: none"> <li>• Age &lt;3m: T ≥ 38°C</li> <li>• Non-blanching rash</li> <li>• Bulging fontanelle</li> <li>• Neck stiffness</li> <li>• Status epilepticus</li> <li>• Focal neurological signs</li> <li>• Focal seizures</li> </ul>

All green	Any amber and no red	If any red
<ul style="list-style-type: none"> <li>• Can be managed at home</li> <li>• Give otitis media information leaflet</li> <li>• Optimise analgesia</li> <li>• Consider antibiotics if <ul style="list-style-type: none"> <li>• Not improving after 3 days</li> <li>• Otorrhoea (not due to otitis externa)</li> <li>• Immunosuppression</li> <li>• AOM &lt;6 months</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Consider same day review</li> <li>• If you feel the child is ill, needs O<sub>2</sub> support or will not maintain hydration discuss with paediatrician on-call</li> </ul>	<ul style="list-style-type: none"> <li>• Refer immediately to emergency care – consider 999</li> <li>• Bleep paediatrician on-call</li> <li>• Consider appropriate means of transport</li> <li>• If appropriate commence relevant treatment to stabilise child for transfer</li> <li>• Consider starting high flow oxygen support</li> </ul>