Ashford and St. Peter's Hospitals
NHS Foundation Trust

MANAGEMENT OF FEVER AND PETECHIAE

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Guideline History		
Date	**Comments**	**Approved By**
Jan 2014	New Guideline	Paediatric Guideline Group
March 2018	Whole Guideline Review	Paediatric Guideline Group
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Management of Fever & Petechiae

Introduction

It is important to recognise and treat suspected bacterial meningitis or meningococcal sepsis in a timely manner. These conditions can present with petechiae and fever. This guideline aims to clarify the investigation and management of patients who present with these symptoms.

Triage of children and young people with petechial rash

Strongly suspect meningococcal disease in people with any of these red flag symptoms:

- haemorrhagic, non-blanching rash with lesions larger than 2 mm (purpura)
- rapidly progressive and/or spreading non-blanching petechial or purpuric rash
- any symptoms and signs of bacterial meningitis (fever, headache, neck stiffness, photophobia) when combined with a non-blanching petechial or purpuric rash.

Observations may include:

- raised temperature
- raised HR
- low BP

Examination of children and young people with petechial rash

Perform a very careful examination for signs of meningitis or septicaemia in children and young people presenting with petechial rashes.

Give intravenous ceftriaxone immediately to children and young people with a petechial rash if any of the following occur at any point during the assessment (these children are at high risk of having meningococcal disease):

- petechiae start to spread
- rash becomes purpuric
- there are signs of bacterial meningitis
- there are signs of meningococcal septicaemia
- the child or young person appears ill to a healthcare professional

Investigation of children and young people with petechial rash and fever

If a child or young person has an unexplained petechial rash and fever (or history of fever) carry out the following initial investigations:

- Full Blood Count
- C-reactive protein (CRP)
- Coagulation screen
- Blood Culture
- Whole-blood Polymerase Chain Reaction (PCR) for N meningitidis
- Blood Glucose
- Blood Gas

A lumbar puncture may also be considered in cases where bacterial meningitis is suspected.

Management of children and young people with petechial rash and fever (or history of fever)

If there are no high-risk clinical manifestations:

- Treat with intravenous ceftriaxone immediately if the CRP and/or white blood cell count (especially neutrophil count) is raised, as this indicates an increased risk of having meningococcal disease
- Be aware that while a normal CRP and normal white blood cell count mean meningococcal disease is less likely, they do not rule it out. The CRP may be normal and the white blood cell count normal or low even in severe meningococcal disease
- Assess clinical progress by monitoring vital signs (respiratory rate, heart rate, blood pressure, conscious level [Glasgow Coma Scale and/or APVU], temperature), capillary refill time, and oxygen saturations. Carry out observations at least hourly over the next 4–6 hours
- If doubt remains, treat with antibiotics and admit to hospital

Safety Netting Advice

If the child or young person is assessed as being at low risk of meningococcal disease and is discharged after initial observation, advise parents or carers to return to hospital if the child or young person appears ill to them.

Be aware that in children and young people who present with a non-spreading petechial rash without fever (or history of fever) who do not appear ill to a healthcare professional, meningococcal disease is unlikely, especially if the rash has been present for more than 24 hours.

In such cases consider:

- other possible diagnoses (e.g. Idiopathic Thrombocytopenic Purpura)
- performing a full blood count and coagulation screen

2. Supporting References

Reference: NICE (2024) CG Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management

www.nice.org.uk/guidance/ng240

3. Supporting relevant trust guidelines

Fever in under 5s

Meningitis Guidelines for children older than 3 months (see also **www.nice.org.uk/guidance/CG102**)

Meningococcal Septicaemia in Paediatric ED

4. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Dr Neha Panda
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Management of Fever & Petechiae

Policy (document) Author: Dr Neha Panda

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	
	Who was engaged in a review of the document (list committees/ individuals)?	**Y**	**Guidelines committee**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Y**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Y**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Y**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	Y	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Alexandra Jones**	**Date**	**16/9/2025**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			