

# 10 Point Check – Fever Evaluation Tool

REMEMBER TO COMPLETE EVERY STEP- A SKIPPED STEP IS A SKIPPED DIAGNOSIS

ASSESS	CLASSIFY	TAKE COURSE OF ACTION												
<p><b>Step 1 of 10: Check for danger signs!</b></p> <ul style="list-style-type: none"> <li>Is the client able to eat, drink or breastfeed?</li> <li>Does the client vomit everything?</li> <li>Lethargic or unconscious</li> <li>Convulsing now</li> <li>Difficulty breathing</li> </ul>		If <b>YES</b> to any of these signs, refer immediately to hospital after first dose of appropriate pre-referral treatment.												
<p><b>Step 2 of 10: Check respiratory issues.</b></p> <ul style="list-style-type: none"> <li>Does the client have a cough?</li> <li>Any difficulty in breathing?</li> <li><b>Count breaths/min</b></li> </ul> <table border="1"> <thead> <tr> <th>Age</th> <th>Normal Rate</th> </tr> </thead> <tbody> <tr> <td>0-12 months</td> <td>30-60 per minute</td> </tr> <tr> <td>1-3 years</td> <td>24-40 per minute</td> </tr> <tr> <td>4-5 years</td> <td>22-34 per minute</td> </tr> <tr> <td>6-12 years</td> <td>18-30 per minute</td> </tr> <tr> <td>&gt;12 years</td> <td>12-16 per minute</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Check for chest indrawing</li> <li>Check for wheezing or stridor</li> </ul>	Age	Normal Rate	0-12 months	30-60 per minute	1-3 years	24-40 per minute	4-5 years	22-34 per minute	6-12 years	18-30 per minute	>12 years	12-16 per minute	<p><b>Severe Pneumonia</b></p> <p><b>Fast breathing</b></p> <p><b>No fast breathing</b></p> <p><b>Prolonged cough with fever</b></p>	<p>Refer to Hospital</p> <p>Prescribe antibiotics for 5 days</p> <p>Give paracetamol, reassure and counsel on increased fluids intake</p> <p>Suspect TB, Request for sputum examination and REFER to TB clinic</p> <p>Counsel on prevention of disease transmission</p>
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<ul style="list-style-type: none"> <li>Any history of recent travel to or residence in a country or state reporting COVID-19 within 14 days of onset of fever?</li> <li>Any contact with a confirmed or probable case of COVID-19 in the last 14 days?</li> <li>Any exposure to a healthcare facility where COVID-19 case(s) have been reported?</li> </ul>	<b>Suspect COVID-19</b>	Isolate patient and notify State Epidemiologist												
<p><b>Step 3 of 10: Review history of fever.</b></p> <ul style="list-style-type: none"> <li>Is there a fever or history of fever?</li> </ul>		<p>If <b>YES</b>, conduct mRDT. <b>&lt;ONLY TREAT Positive mRDTs WITH ACTs!&gt;</b> Counsel on malaria prevention</p> <p>If <b>Negative</b> - assess other causes of fever, treat or refer. Counsel on causes of fever and prevention of disease transmission.</p>												
<ul style="list-style-type: none"> <li>Is there skin rash present?</li> <li>If child, assess for measles</li> </ul>	<p>If <b>Measles rash</b></p> <p><b>Prolonged fever with skin rash + weight loss</b></p>	<p>Give Vitamin A If <b>No</b>, assess other causes of fever, treat or refer</p> <p>REFER for HCT</p>												
<ul style="list-style-type: none"> <li>Is there discomfort or pain during urination?</li> <li>Is urine cloudy?</li> </ul>	<b>Urinary Tract Infection</b>	Give antibiotics 5days If no improvement after 3 days- REFER												
<ul style="list-style-type: none"> <li>Any history of recent contact with a probable or confirmed case of Lassa fever within 21 days of onset of fever?</li> <li>Any history of travel to high risk/burden area of Lassa fever?</li> <li>Any abnormal bleeding?</li> </ul>	<b>Suspect Lassa Fever</b>	REFER immediately												
<p><b>Step 4 of 10: Review gastrointestinal issues.</b></p> <ul style="list-style-type: none"> <li>Does the client have diarrhea?</li> <li>Any sign of dehydration?</li> </ul>	<p><b>Severe dehydration</b></p> <p><b>Some dehydration</b></p> <p><b>No dehydration</b></p>	<p>Refer urgently to hospital</p> <p>Give ORS fluid, zinc tablets</p> <p>Give fluids and counsel</p>												
<ul style="list-style-type: none"> <li>Any blood in stool?</li> </ul>	<b>If Blood in Stool</b>	Refer urgently to hospital												
	<b>Prolonged fever with persistent diarrhea</b>	REFER for HCT												
<p><b>Step 5 of 10: Assess ear problems.</b></p> <ul style="list-style-type: none"> <li>Any pain?</li> <li>Swelling behind ear?</li> </ul>	<b>Mastoiditis (swelling behind ear)</b>	Give first dose of antibiotic and PCM; refer urgently												
<ul style="list-style-type: none"> <li>Ear discharge?</li> </ul>	<b>Ear infection (discharge)</b>	Dry ear with wick, give antibiotics for 5 days, give PCM, follow-up after 5 days												
<ul style="list-style-type: none"> <li>Red throat?</li> </ul>	<b>Pharyngitis (Upper respiratory infection)</b>	Give antibiotics for 5 days, give PCM, follow-up after 5 days												
<p><b>Step 6 of 10: Check for malnutrition.</b></p> <ul style="list-style-type: none"> <li>Is the client eating less than usual?</li> <li>Any recent weight gain?</li> <li>Any recent weight loss?</li> <li>Any visible severe wasting? Any oedema of both feet?</li> <li>MUAC measure?</li> </ul>	<p><b>Severe malnutrition</b></p> <p><b>Moderate malnutrition</b></p> <p><b>Feeding problems</b></p> <p><b>Prolonged fever with severe weight loss</b></p>	<p>Give vitamin A, refer</p> <p>Give nutrition counselling, follow-up in 14 days</p> <p>Give nutrition counselling</p> <p>REFER for HCT</p>												
<p><b>Step 7 of 10: Check for anemia.</b></p> <ul style="list-style-type: none"> <li>Any palmar pallor?</li> <li>Sickle cell disease?</li> </ul>	<p><b>Severe pallor</b></p> <p><b>Mild pallor with sickle cell disease:</b></p> <p><b>Mild pallor with sickle cell disease:</b></p>	<p>Refer urgently</p> <p>Give folic acid</p> <p>Give Iron, counsel</p>												
<p><b>Step 8 of 10: Family and Social history.</b></p> <ul style="list-style-type: none"> <li>Is anybody in the family or household currently ill or has a history of a similar illness?</li> <li>Any recent travel to or residence in an area with reported epidemic cases?</li> </ul>		If <b>YES</b> , assess and treat or REFER as appropriate												
<p><b>Step 9 of 10: Drug and medication history.</b></p> <ul style="list-style-type: none"> <li>Has any drug (including herbal mixture) been given to the client already?</li> </ul>														
<p><b>Step 10 of 10: Are there any other issues to note?</b></p>														