

OSCE

Candidate information

You have been asked to teach the interns about assessment and management of a febrile child.

Please do a brief teaching session on the approach to a febrile child.

Domain	%
Medical expertise	50
Prioritisation and decision making	
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	50
Professionalism	

Teaching on ax of febrile child

Actor (intern) information

Your consultant has been asked to educate you and your colleagues about the assessment and management of a febrile child. They are to give a brief teaching session on the approach to a febrile child.

This should ideally be structured around the RCH guidelines for the febrile child (see table). The focus is not on antibiotic choice, but on the age related differences in assessment of children.

Prompts:

- Do all children with fevers have to be admitted?
- Does the degree of temperature elevation matter? Is a temp of 40° worse than a temp of 38°?
- Are there any situations where you may deviate from the guidelines?

RCH

- The following are not good predictors of serious illness: degree of fever, rapidity of onset, response to antipyretics, febrile convulsions.
- In babies under three months, hypothermia or temperature instability may be an indicator of serious bacterial infection
- Bag urine should not be sent for culture. Only use SPA/catheter urine.

Age	Temp	Mx
<1 month corrected age	Rectal temp >38°C	Full sepsis w/up: FBE/cultures, urine, LP, +/-CXR
1-3 months corrected age	Rectal temp >38°C	Full sepsis w/up: FBE/cultures, urine, LP, +/-CXR (if resp sx). Discharge if all normal with review in 12 hours, otherwise admit.
>3 months	>38°C and clear focus of infxn, looks well	Treat as clinically indicated
	>38°C and clear focus of infxn, looks unwell	Investigate as appropriate for clinical focus, admit
>3 months	>38°C and no clear focus of infxn, well or miserable only	Urine if <12 mths Consider urine if >12 mths Discharge home with early rv
	>38°C and no clear focus of infxn, looks unwell	Full septic workup, admit

Marking:

	Mark
Specifies age-related differences in assessment of febrile child	2
Mentions reasons for age-based differences	2
Suggests RCH guidelines, explains these clearly	2
May deviate from guidelines if social situation/comorbidities/concerned nurse-parent	1
Addresses any questions appropriately	2
Teaching style – organised, clear, concise	1