Department of Health Services, Kerala State

SHORT FEBRILE ILLNESS including ILI
Management Guidelines

PH Division, Directorate of Health Services

1. First day (1-3day) fever for any patient

Check, and record vital signs.....and suspect-

PR/HR -tachycardia out of proportion to fever (expect 10 beats increase per deg F rise, or 18 bts / deg C, rise of temperature)	Myocarditis
RR- tachypnoea out of proportion to fever (Normal RR 16-24/min. Any RR above 30 /min- view with caution) In children view with caution any RR > 60 upto 2 months, > 50 -2mo to 1 yr , > 40 -1yr to 5 yr, and > 30 in older children	Bronchopneumonia
Altered sensorium	A E S – Acute Encephalitis Syndrome (Meningitis , Encephalitis)
BP – always check in any unduly sick patient	Impending shock
Infants and children—observe for unconsolable cry, poor activity, sick look, and 'toxic' appearance. Ask about feeding, urine output	Sepsis

2. First day fever **Do not overlook ------**

Meningitis (neck stiffness in adults, altered sensorium/tense/bulging anterior fontanelle in children)

Pneumonia (Tachypnoea/additional signs.. Xray signs only by Day-3)

UTI –(rigor and chills)

Cellulitis & Sepsis (local examination)

3. Approaches to Fever

- Focus identified? -----investigate and manage appropriately
- **No Focus? ----**
- **Upper respiratory symptoms?** -Sore throat, rhinorrhoea, sneezing? --- ILI, ARI, SARI—manage as per ABC guidelines, in children, consider pertussis and diphtheria)
- **No upper respiratory symptoms?----** Consider Dengue fever , Malaria, Leptospirosis, Chikungunya, etc
- **Rash?---** think of Measles, Dengue, IMN, Rubella..

4. Specific diagnostic pointers/hints with Public Health perspective

1. First consultation with fever + conjunctival congestion / jaundice / severe myalgia / **muscle tenderness +/-** 'high risk job'—? leptospirosis -- (Consider Doxycycline)
2. Fever +severe myalgia /conjunctival congestion/rash ? Dengue
   - *(Dengue rash —flushed appearance /petechiae like /measles like (keep in mind ? drug rash)*
3. Fever + chills and rigor, alternate days, splenomegaly, migrant patient — consider malaria, use the malaria protocol.
4. Fever + rash, toxic febrile look, no response to usual antibiotics --- eschar seen?..... ? Scrub typhus—investigations+ consider Doxycycline

5. Suspect something unusual? Crowded OPD? Want more time for a detailed examination?

1. Segregate the patient, re-examine later. In the meanwhile --
2. Symptomatic treatment for fever- single dose oral paracetamol (avoid injections) ,
3. Oral hydration
4. Check BP (in adults) (children-- look for perfusion –assess sensorium, color and temperature of extremities, Capillary Refill Time(normal < 3 sec)
5. Strongly suspect myocarditis/ ARDS/ Encephalitis ? –Refer the patient to higher centre

6. Investigation aide- When to test, Whom to test and Which tests..

1. First three days--usually no investigations unless definitely indicated
2. Uncomplicated/ not sick – Short Febrile Illness / ILI –no investigation
3. Patient looks 'sick'?, **'unusual'** symptoms at any time?--- do appropriate investigation.
4. Reports of any specific/ endemic diseases (Lepto/ Malaria/ DF/ AES/ scrub typhus) in your area? —specifically screen for such diseases among patients coming from such areas
5. ***Always communicate to the patient/relatives why you decide to investigate/ not investigate, at that point of time.***

7. Control of the fever

1. Tepid Sponging
2. Paracetamol -the recommended antipyretic* .
3. Common formulations -
   a. tablets - 500, 650 and 1000 mg.
   b. syrups - 120, 125, 178, and 250mg per 5 ml.
   c. drops - 100mg/ml.
   d. suppositories - 80/170/250 mg.
   e. Various 'cold remedies' contain additional 150mg/ml, 125 mg/5ml or 500 mg /tab, of paracetamol
4. Recommended adult dose --500-1000 mg q8h, max 4000 mg /day.
5. For children, -- 10-15 mg/ kg/dose, q4- 6 h orally.
6. Mention the formulation, quantity in ml, and frequency of dose clearly in the prescription, and explain to the patient /parents
7. **Paracetamol Injection has no clinical superiority to oral route,** and is to be strongly discouraged, for the following additional reasons.

a) Chance of allergic reactions.

b) Unsafe injection practices and needle stick injury risk to staff due to overloads in injection rooms.

* Other **antipyretics** may have to be used on an **SOS basis if indicated**

8. Avoid unnecessary injections & drugs

- **Paracetamol Injections should not be given for 'patient satisfaction'**
- **Explain the disadvantages and risks to those who 'demand' injections**
- **Paracetamol Suppositories are a safe alternative to injections**
  - Routine co-prescription of anti-emetics and H-2 blockers is not recommended along with paracetamol

9. Supportive care – Non Phamacological General Management of Fevers

A. Fluids –

- Oral fluids are the safest
- **IV fluids only for persistent vomiting, severe dehydration, paralytic ileus, shock, cholera, and patient clinically too sick to consciously drink.**

B. Tepid Sponging-

- Use tepid water
- Increase the body surface area being sponged as necessary.
- Cooling the forehead alone with a piece of cloth is not enough

C. Food –

- No restriction.Advise steady intake of warm, well cooked nutritious food.
- The only advice is-'Smaller quantity at a time, distributed more frequently'

D. Rest-

- Advise rest till the patient is symptom free.
- Children should not be sent to school

E. Avoid

- Use of covering dresses/ blankets, caps, etc, in children as these can contribute to rapid rise of body temperature, and febrile fits
- Food and fluid restriction
- Going to work/ school, or any exertion

10. Do not neglect to follow up? Review a patient with fever-if...

1. Not improving in the expected time frame
2. Getting worse in spite of appropriate treatment
3. New symptoms appear-eg., rash, seizures, altered sensorium, jaundice, reduced urine output, etc.

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