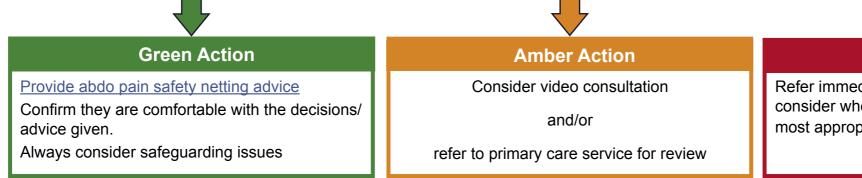


Clinical support tool for remote clinical assessment

Clinical findings	Green – Iow risk	Amber – intermediate risk	
Behaviour	 Content/smiles Stays awake/awakens quickly Strong normal crying/not crying 	 No smile Decreased activity/lethargic Irritable 	 No response Unable to rous Clinical concerning pitched or con Severe pain
Skin	Normal skin colourWarm extremities		Pale / mottled Cold extremitie
Hydration	Moist tongue and conjunctivaeFontanelle normal	 Dry tongue and conjunctivae Sunken fontanelle 	
Urine output	• Normal	Reduced / not passed urine in past 12 hours	No urine for 2
Respiratory	Normal pattern and rate		Abnormal/fast
Other		 Polyuria, dysuria or urgency Reduced appetite Additional parent/carer concerns Pain not settling with analgesia Waking with pain Pain increased on movement Fever for >5 days Significant abdominal distension Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection 	 Non blanching Described oed Described jau Dark green (b Recent injury Testicular pair Blood in stool Age 0-3 mont



This guidance has been reviewed and adapted by healthcare professionals across SYB with consent from the Hampshire development groups

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.



Red – high risk

use or if roused does not stay awake erns about nature of cry (weak, high ontinuous)

d / blue ities

24 hours

st breathing

- ng rash
- edema
- aundice
- (bilious) vomiting
- y to the abdomen
- ain
- ol
- nths with temp $\geq 38^{\circ}$ (100.4°F)



Refer immediately to emergency care consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

CS52185