

Management - Paramedic

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Age	1+	Under 1	
Colour	Normal	Pale	Blue, grey or mottled
Activity	Responds normally to social cues Stays awake or wakens quickly Content/smiles Strong normal cry / not crying	Reduced response to social cues Wakes only after prolonged stimulation No smile Infant (under 1 year) not feeding	Unable to rouse or if roused does not stay awake Weak, high pitched or continuous cry
Respiratory	Normal respiratory rate: RR<50 (<1 year), <40 (1-5 years, <25 (6-11 years), <20 (12+)	Tachypnoea: RR 50-60 (<1 year), 40-50 (1-5 years), 25-30 (6-11 years), 20-25 (12+ years) Sats 93-95% in air Nasal flaring Mild/moderate chest recession	Severe tachypnoea: RR > 60 breaths/min (<1 year), >50 (1-5 years), >30 (6-11 years), >25 (12+ years) Sats <92% in air Grunting Severe chest recession
Circulation/hydration	Cap Refill Time <2 secs Normal heart rate Normal urine output Tolerating feeds	Cap Refill Time 2-3 secs Tachycardia: HR>160 beats/min <1year, HR>150 1-2 years, >140 3-5 years, >120 6-11 years, >100 >12 years Reduced urine output / not PU 12 hours Not tolerating feeds	Cap Refill Time >3 secs Severe tachycardia: HR>180 beats/min <1 year, HR>170 1-2 years, >160 3-5 years, >140 6-11 years,, >120 >12 years Not PU 24 hours
Other	None of amber or red symptoms Green Action (Only in those 1+ years) <u>Provide Fever safety netting advice via text share or by printing onsite</u> Confirm they are comfortable with the decisions / advice given	Fever for ≥ 5 days Swelling of limb or joint Non-weight bearing / not using an extremity Swollen eye A new lump ≥ 2cm Symptoms suggest UTI Symptoms suggest cellulitis Symptoms suggest scarlet fever Age 3-6 months with temp ≥39° (102.2°F) Additional parental/carer support required Lower threshold for primary care review if significant chronic co-morbidities Recent return from malaria endemic area in preceding 3 months	Age 0-3 months with temp ≥38° Seizure Non-blanching rash Rigors Neck stiffness Bile stained vomiting
	Always consider safeguarding issues.	Orange Action Discuss the case with patient's GP practice (in hours) and/or Discuss the case with SCAS clinical Coordination Centre Clinician	Red Action <ul style="list-style-type: none"> Transfer immediately to local Emergency Department Commence Oxygen support to maintain Sats >92% Emergency transfer and Pre alert as necessary If patient is in distress/discomfort - consider paracetamol +/- ibuprofen as per JR Calc