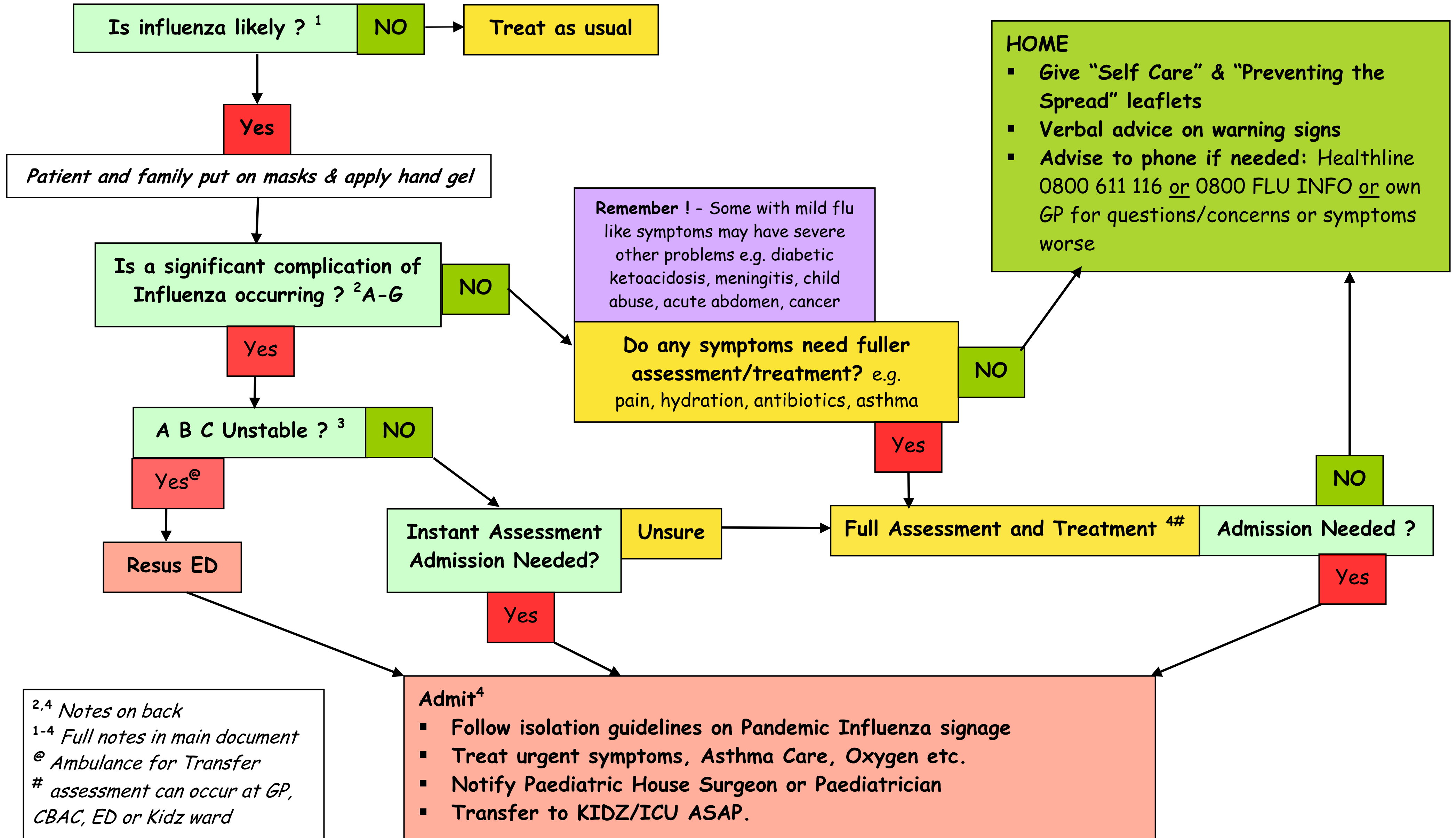
Flowchart for Paediatric Presentations with Influenza Symptoms or Concerns (< 14 yrs)



Note 2

Telephone Triage

INFANTS/CHILDREN over 6 months and under 14 yrs need clinical assessment if one or more of following is present :-

- **Shortness of breath (infants may manifest this as feeding difficulties)**
- **Increased work of breathing**
- **Unable to keep fluids down and poor urine output**
- **Very lethargic, irritable, confused or drowsy**
- **Very pale or blue lips or gums**
- **Skin rash**
- **Would normally go to doctor**
- **Underlying disease** # 5
  - **Lung disease asthma, cystic fibrosis, heart disease, severe kidney problems,**
  - **Weak coughing - cerebral palsy, immune compromised, steroids, diabetes**

For under 6 mths the "Baby Check Tool" http://nicutools.org/default.htm is a validated tool for remote assessment.

A low threshold for clinical assessment needs to be maintained under 6 mths.

Criteria label	**Clinical Triage Criteria -** likely to justify admission to hospital The presence of any of the following suggests a complication of flu
A	**Severe respiratory distress** - chest wall indrawing, sternal recession, grunting, or noisy breathing when calm.
B	**Sustained increase in respiratory rate -** measured over at least 30 seconds on more than one occasion. ≥50 breaths per minute if under 1 year, or ≥40 breaths per minute if ≥1 year.
C	**Oxygen saturation ≤92% on pulse oximetry, breathing air *or* on oxygen** NB absence of cyanosis is a poor discriminator for severe illness. Pallor may be a sign of hypoxia.
D	**Respiratory exhaustion or apnoeic episode** - apnoea defined as a ≥20 second pause in breathing.
E	**Evidence of severe clinical dehydration or clinical shock** - sternal capillary refill time >2 seconds, reduced skin turgor, sunken eyes or fontanelle.
F	**Altered conscious level -** strikingly agitated or irritable, seizures, or floppy infant.
G	**Causing other clinical concern to their own GP or clinical team** e.g. a rapidly progressive or an unusually prolonged illness, underlying medical condition

Note 4

Antiviral Treatment and Prophylaxis

Indicated for:-

- Vulnerable groups (including contacts of cases)
- Signs of complications
- Less benefit if > 48 hrs symptoms, some value up to 5 days

Agent, group		Treatment 5 days	Chemoprophylaxis 10 days
Oseltamivir (Tamiflu)			
Children ≥ 12 months	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	16-23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24-40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day

Note: Capsule contents mixed with something sweet, e.g. chocolate sauce, honey, or yogurt and fraction of capsule dose given.

Under 12 months treatment may be indicated for some vulnerable infants, discuss with a paediatrician.

Antibiotic Treatment

Secondary bacterial infections are common in children with influenza particularly otitis media and pneumonia.

During influenza epidemics:-

- have a low threshold to treat suspected pneumonia
- treat vulnerable children early

Otitis Media – Amoxicillin

Suspected Pneumonia - Amoxicillin clavulanate

(to include staphylococcal cover)

Penicillin intolerant - Erythromycin

Severe illness or not tolerating fluids –
IV Cefuroxime or IM Ceftriaxone