

Nurse telephone follow up to parent referral

Section 1- Demographic Details

Date:	Time of call:	Nurse:
.....
Child's name	
Date of Birth	Checked Child's Name and DOB with parent	<input type="checkbox"/>
Parent/Guardian's Name:	Mr/Mrs/Miss/Ms	Forename: Surname:
.....
Address:	
.....	
	Post code
Main contact telephone number:	Alternative contact telephone number(s):	
.....	
.....	

Disclaimer

Before I tell you about the study, I'll be asking you some questions about your child's health so that I can make sure that this is the right time for your child to take part in the PITCH study if you decide you want to.

I just want to check that you have been told that the study is not in place of visiting your Dr or calling NHS Direct if you concerned about your child's medical condition. Is that ok?

Where did parent hear about the study?

only ask if machine message

Section 2 – General assessment of child at this time

How is your child now?

Why do you think your child has a temperature?

Are you concerned about it?

Have you taken him/her to your doctor/ practice nurse, or phoned anyone for advice about this illness ? (Including NHS Direct)

Measured temperature? °C at :

Last antipyretic: at :

Did antipyretic help?

Section 3. RED SECTION	Yes	No	Comments
------------------------	-----	----	----------

If parent answers NO to ANY question, get further information, and may need to refer family to seek medical assessment.

Is your child able to chat / gurgle/ cry?	<input type="checkbox"/>	<input type="checkbox"/>
Is breathing normal?	<input type="checkbox"/>	<input type="checkbox"/>
Colour of skin is normal?	<input type="checkbox"/>	<input type="checkbox"/>
Absence of rash?	<input type="checkbox"/>	<input type="checkbox"/>
If rash present, does it blanch with glass test?	<input type="checkbox"/>	<input type="checkbox"/>
Absence of photophobia?	<input type="checkbox"/>	<input type="checkbox"/>
Absence of headache/neck pain?	<input type="checkbox"/>	<input type="checkbox"/>
Absence of limb pain?	<input type="checkbox"/>	<input type="checkbox"/>
Hands & feet warm?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Comments
--	-----	----	----------

[note for nurses: cold extremities & pale/mottled limbs may be associated with raised temperature but also can be early pointers for meningococcal disease - see note below. Ask parent to check central capillary refill if possible. Any doubts – ask them to consult GP/OOH service for assessment]

(NB. Red Flag early symptoms for meningitis/septicemia include, cold hands & feet, pallor or mottling of the skin & pain in limbs– Meningitis Research Foundation. www.meningitis.org/news/newsitem.jsp. Accessed May 3, 2006)

Is child interested in surroundings?	<input type="checkbox"/>	<input type="checkbox"/>
Are they interacting/responding to parent as normal? [If you talk to him does he respond/turn to your voice?]	<input type="checkbox"/>	<input type="checkbox"/>
Playing normally? (toddler)	<input type="checkbox"/>	<input type="checkbox"/>
Smiled at you today? (infant)	<input type="checkbox"/>	<input type="checkbox"/>

ADVICE GIVEN TO PARENT:

Dial 999

Phone GP/GP OOH

Phone NHS Direct

Other:

.....

Section 4. AMBER SECTION	Yes	No	Comments
--------------------------	-----	----	----------

Less than three days duration of fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your child has been more unwell with a temperature in past?	<input type="checkbox"/>	<input type="checkbox"/>
Is child eating as usual? (toddler)	<input type="checkbox"/>	<input type="checkbox"/>
drinking as usual?	<input type="checkbox"/>	<input type="checkbox"/>

taking feeds as normal? (infant)	<input type="checkbox"/>	<input type="checkbox"/>
Usual number of wet nappies/ peeing as normal?	<input type="checkbox"/>	<input type="checkbox"/>
Urine smells normal/usual colour?	<input type="checkbox"/>	<input type="checkbox"/>
Absence of pain when peeing?	<input type="checkbox"/>	<input type="checkbox"/>

ADVICE GIVEN TO PARENT:

Dial 999

Phone GP/GP OOH

Phone NHS Direct

Other:

.....

Section 5. GREEN SECTION	Yes	No	Comments
---------------------------------	------------	-----------	-----------------

Are there symptoms of minor illness present?

If parent answers YES to any question below, it gives possible reasons for fever which are usually minor

Runny Nose?	<input type="checkbox"/>	<input type="checkbox"/>
Cough?	<input type="checkbox"/>	<input type="checkbox"/>
Sticky eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Ear pain/pulling at ears?	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms of tummy upset? [diarrhoea and/or vomiting?]	<input type="checkbox"/>	<input type="checkbox"/>

Section 6. Questions relating to eligibility criteria on concurrent/past health status

Is child taking any medicines at the moment?

Any past history of hospital admissions?

Child isn't Seeing/waiting to see hospital Consultant?

Any allergies?

Explain study aims and objectives at this point. If there are concerns about child [expressed by parent or from triage questions] this may be brief & it may be necessary to suggest parent consults their GP/NHS Direct for further assessment. They may ring back later when they have done this. If child not eligible on health history grounds, explain reason to parent.

Child not eligible at the moment?

Reason:

Parent advised to contact:

Parent declined study? Reason

If parent interested and child eligible at this point:

	Yes	No
Child hot/feels warm at the moment?	<input type="checkbox"/>	<input type="checkbox"/>

Parent given paracetamol in last 24hrs?	<input type="checkbox"/>	<input type="checkbox"/>	Times given:
---	--------------------------	--------------------------	--------------------

Parent given ibuprofen in last 24hrs?	<input type="checkbox"/>	<input type="checkbox"/>	Times given:
---------------------------------------	--------------------------	--------------------------	--------------------

Time study medicines first possible. Time :

Parent available?	<input type="checkbox"/>	<input type="checkbox"/>
Does parent have legal responsibility?		

Visit planned?	<input type="checkbox"/>	<input type="checkbox"/>	Time <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
----------------	--------------------------	--------------------------	--

Phone back [to see if temperature raised]	<input type="checkbox"/>	<input type="checkbox"/>	Time <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Parent needs time to consider.	<input type="checkbox"/>	<input type="checkbox"/>
Phone back:	<input type="checkbox"/>	<input type="checkbox"/>	Time <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
Parent will contact:	<input type="checkbox"/>	<input type="checkbox"/>
Nurse contact details given	<input type="checkbox"/>	<input type="checkbox"/>
Send leaflet:	<input type="checkbox"/>	<input type="checkbox"/>

Checked for content similarity at NHS Direct by Joy Farrimond, 5 May 2006

PITCH trial prescription

Trial number: ISRCTN 26362730

Child's Name: _____

Child's Date of Birth: ____/____/20__

I confirm that

Please initial the box

1. This child meets the eligibility criteria:

- Is aged between 6 months and less than 6 years
- Has a fever now **OR** has been given ibuprofen or paracetamol for fever in the previous eight hours
- Does not require hospital admission for diagnosis or treatment of the underlying cause for the fever at the present time

2. The child:

- Has no known exclusion criteria
(exclusions are (i) dehydration, (ii) requires hospital admission or (iii) known to have epilepsy (or other chronic neurological disease), pulmonary disease (except for asthma, this is NOT an exclusion), liver, renal or cardiac disease, previous peptic ulceration or bleeding, an allergy or intolerance to paracetamol or ibuprofen).
- Has no known contraindication to treatment with paracetamol and/or ibuprofen
- Is not taking any regular medication that might adversely interact with paracetamol or ibuprofen (see Appendix 1, BNF for details).

- If child is NOT eligible for the study please give reason _____

Please sign below to confirm that, if the parent consents to randomisation, you are happy for the following medicines to be given to the above patient by the PITCH study team

Medicine	Dose	Quantity to be given
Paracetamol 120mg/5ml SF suspension (or placebo)	DAY 1: Please give 15mg/kg every 4 to 6 hours REGULARLY maximum of 4 doses in 24 hours. DAY 2: Please give 15mg/kg every 4 to 6 hours AS NEEDED maximum of 4 doses in 24 hours.	140ml
AND		
Ibuprofen 100mg/5ml SF suspension (or placebo)	DAY 1: Please give 10mg/kg every 6 to 8 hours REGULARLY maximum of 3 doses in 24 hours. DAY 2: Please give 10mg/kg every 6 to 8 hours AS NEEDED maximum of 3 doses in 24 hours.	100ml

..... /...../20.....

Name of Doctor
(BLOCK CAPITALS or PRACTICE STAMP)

Date

Signature