### Nurse telephone follow up to parent referral

### Section 1- Demographic Details

Date:	Time o	f call:	Nurse:	
Child's name				
Date of Birth			Checked Child's Name and DOB with parent	
Parent/Guardian's Name:	Mr/Mrs/Miss/Ms	Forename:	Surname:	
Address:				
			Post code	
Main contact telepho	one number:	Alternative	e 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 the	nis time		
How is your child now?			
Why do you think your child has a temperatu	re?		
Are you concerned about it?			
Have you taken him/her to your doctor/ practi illness ? (Including NHS Direct)			d anyone for advice about this
Measured temperature?		<b>°C</b> at	
Last antipyretic:		at	
Did antipyretic help?			
Section 3. RED SECTION	Yes	No	Comments
If parent answers NO to ANY question, get	further info	ormation.	and may need to refer family to
			, , , , , , , , , , , , , , , , , , ,
	dical asses		
seek mee			
seek meens is your child able to chat / gurgle/ cry?			
seek mee Is your child able to chat / gurgle/ cry? Is breathing normal?			
seek med Is your child able to chat / gurgle/ cry? Is breathing normal? Colour of skin is normal?			
seek mee Is your child able to chat / gurgle/ cry? Is breathing normal? Colour of skin is normal? Absence of rash?			
seek med Is your child able to chat / gurgle/ cry? Is breathing normal? Colour of skin is normal? Absence of rash? If rash present, does it blanche with glass tes			
seek med Is your child able to chat / gurgle/ cry? Is breathing normal? Colour of skin is normal? Absence of rash? If rash present, does it blanche with glass tes Absence of photophobia?			

	Yes	No	Comments
[note for nurses: cold extremities & pale/mottle but also can be early pointers for meningococ central capillary refill if possible. Any doubts – assessment	cal diseas	e - see note l	below. Ask parent to check
(NB. Red Flag early symptoms for meningitis/s mottling of the skin & pain in limbs– Meningitis www.meningitis.org/news/newsitem.jsp. Accessed M	Research	Foundation.	hands & feet, pallor or
Is child interested in surroundings?			
Are they interacting/responding to parent as normal? [If you talk to him does he respond/turn to your voice?]			
Playing normally? (toddler)			
Smiled at you today? (infant)			
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?			
Do you feel your child has been more unwell with a temperature in past?			
Is child eating as usual? (toddler)			
drinking as usual?			
Nurse Telephone Triage form version 1.6 ntc.doc Cr Page 3 of 7	eated 18/01/07	,	

taking feeds as normal? (infant) Usual number of wet nappies/ peeing as normal? Urine smells normal/usual colour? Absence of pain when peeing? ADVICE GIVEN TO PARENT: Dial 999			
Phone GP/GP OOH			
Phone NHS Direct			
Other:			
Section 5. GREEN SECTION	Yes	No	Comments
Section 5. GREEN SECTION Are there symptoms of minor illness prese		No	Comments
	nt?		
Are there symptoms of minor illness prese If parent answers YES to any question below,	nt?		
Are there symptoms of minor illness prese If parent answers YES to any question below, minor	nt?		
Are there symptoms of minor illness prese If parent answers YES to any question below, minor Runny Nose?	nt?		
Are there symptoms of minor illness prese If parent answers YES to any question below, minor Runny Nose? Cough?	nt?		
Are there symptoms of minor illness prese If parent answers YES to any question below, minor Runny Nose? Cough? Sticky eyes?	nt?		

Section 6.Questions relating to eligibility cr	riteria 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?	
parent or from triage questions] this may be br consults their GP/NHS Direct for further assess	
Child not eligible at the moment?	
Reason:	
Parent advised to contact:	
Parent declined study?	Reason
If parent interested and child eligible at this poi	int: Yes No
Child hot/feels warm at the moment?	
Parent given paracetamol in last 24hrs?	Times given:
Parent given ibuprofen in last 24hrs?	Times given:
Time study medicines first possible.	
Parent available? Does parent have legal responsibility?	Time
Visit planned?	

Nurse Telephone Triage form version 1.6 ntc.doc Created 18/01/07 Page 5 of 7

Phone back [to see if temperature raised]		
Parent needs time to consider.		
Phone back:		
Parent will contact:		
Nurse contact details given		
Send leaflet:		

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

### 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

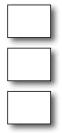
(exclusions are (i) dehydration, (ii) requires hospital admission or (iii) known to have epilepsy (or other chronic neurological disease), pulmonary disease (except for asthma, this is NOT an exclusion), liver, renal or cardiac disease, previous peptic ulceration or bleeding, an allergy or intolerance to paracetamol or ibuprofen ).

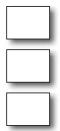
- Has no known contraindication to treatment with paracetamol and/or ibuprofen
- Is not taking any regular medication that might adversely interact with paracetamol or ibuprofen (see Appendix 1, BNF for details).
- If child is NOT eligible for the study please give reason\_

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

Please initial the box





Name of Doctor (BLOCK CAPITALS or PRACTICE STAMP)

.....

Date

Signature

.....

Nurse Telephone Triage form version 1.6 ntc.doc Created 18/01/07 Page 7 of 7