



CASE STUDY 30:

Paediatric patient with fever

A girl, four, is brought in to see her GP by her worried parents.

She has not been herself for the past three days. The parents report lower than usual energy levels, and a fever that improves with paracetamol.

The GP starts observing the child, who is sitting on her mother's lap, while taking a history. This includes asking about localising symptoms, fluid intake and output as a percentage over 24 hours, and her activity levels during play and interactions.

The GP completes the history by asking about immunisations, travel, and whether anyone with whom she'd been in contact – such as family members, or children at her daycare – are currently sick.

The child watched the GP cautiously while the history was taken. The examination had been taken on the mother's lap to ensure comfort.

The GP then opened the [HealthPathways Melbourne Fever in Children pathway](#) to consider differentials and investigations.

The girl does not have features suggestive of an unwell child, and has no obvious focus of infection.

The GP decides to collect a sample of the girl's urine. Using [instructions from the Royal Children's Hospital](#), linked on the pathway, she asks the parents to do so.

CASE STUDY 30:

- Perform [urine dipstick](#) from a [clean catch urine](#) or midstream specimen of urine (MSU) (for children who can void).

Clean catch urine

Do not use bag urine due to contamination.

- Infants:
 - If [possible](#) use spare room or treatment room and advise carer to:
 - wash the genitalia just with water or saline – no soap antiseptics.
 - leave exposed and catch the mid-part of the urine stream in a sterile urine container. [The container](#) must not touch the penis or perineum.
- Toddlers:
 - Consider home collection for toddlers who appear well.
 - Provide information on [how to](#)

They are successful, while still in the clinic. The GP conducts a urine dipstick test. The results are positive for leucocytes and nitrites.

The GP then opens the [HealthPathways Melbourne UTI in children page](#) for guidance on management.

● Treat all other children with [oral antibiotics](#) if:

- urine dipstick is suggestive of UTI:
 - Any age with positive leucocytes and nitrites on dipstick
 - Infants with positive leucocytes on dipstick
- urine microscopy with significant pyuria $> 100 \times 10^6/L$

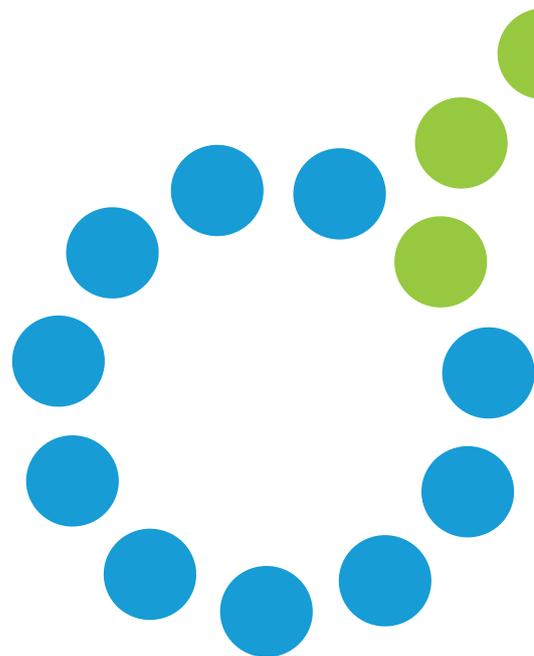
● Arrange review in 24 to 48 hours to assess

Guided by the page, the GP prescribes a three-day course of cephalexin, after calculating dose by weight, and arranges review in 48 hours.

On review the girl appears to be improving. Antibiotics are continued.

The GP advises the parents about preventing recurrence, including managing contributing factors, hygiene and wiping, and ensuring adequate fluid intake.

They and the girl leave the clinic reassured.



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