



THE ROYAL
COLLEGE OF
SURGEONS
OF EDINBURGH

The Faculty of Pre Hospital Care

Diploma in Urgent Medical Care Study Guide



**This is not just a clinical exam
see the introduction**



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Introduction

It is necessary to start your exam preparation by understanding that this is not just a clinical exam. This exam is aimed at clinicians who already have experience in urgent care and wish to evidence this along with the other attributes expected from higher level clinicians. These include supporting less experienced colleagues, managing uncommon and emergency situations, resilience planning, quality control and improving patient care.

Candidates should look at all the documentation included in the application section of the Royal College of Surgeons of Edinburgh (RCS Ed) website. Further information on the exam is available on the FPHC website in the Urgent Care section of the Examinations tab [Diploma in Urgent Medical Care - The Faculty of Pre-Hospital Care](#)

Aim of Exam

To allow clinicians already working in Urgent Care to evidence their professional development in Urgent Care.

Level of Exam

Candidates should carefully consider and aim their preparation towards the level of the examination as outlined in the exam documentation namely:-

*Skills for Health Career Framework Level 7 - People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or 7 services in a complex and unpredictable environment.
Indicative or Reference title: Advanced Practitioner*

In terms of The Diploma in Urgent Medical Care this means:

Understand the principles, and their application to Urgent Care, by clinicians who have **day to day responsibility** for its provision. As an example, clinicians should be able to demonstrate the immediate management of clinical and non-clinical problems which occur in the community and be able to advise less experienced colleagues or are exceptional to normal provision.

Successful candidates should feel empowered to maintain standards and help to improve the urgent care organisations they work in *and make best use of finite resources*. This empowerment requires an understanding not only of clinical topics but of all components of urgent care provided by health care, social care and the wider community. How improvements, advances of provision are made, standards maintained adverse events managed and those working in the system are protected, appreciated and developed.

Understanding the information provided in this box explains the wide range of themes in the syllabus. . These principles are aligned to guidance for the professional development of senior practitioners in many health professions.

Examination Structure

Single Best Answer Papers

The written part the examination consists of two papers, each lasting 2 hours. Each of these has 90 Single Best Answer (SBA) questions to be answered. As these questions are testing the application of knowledge the stems, of the questions, are longer than those of questions that test only knowledge. Candidates are advised to consider this in advance and ensure they manage their time appropriately to ensure they answer all the questions.

At the beginning of each exam you will be provided with a question paper and an answer sheet. On the answer sheet (specimen provided in Appendix 2) you will be given instructions as to how to mark your answer, **with the pencil provided**. The answer sheet is marked by a machine so please do not write or draw anything, other than your answer choice, on the paper. Please note your candidate number has to be inserted, using the same system, on the top right hand corner of the paper.

Structured Oral Questions.

The SOQs take place in a large room which is partitioned by screens to make an individual stations. There's a piece of paper pinned to the outside of the screen describing the scenario. As soon as you hear a bell, walk to your allocated station and immediately start reading the instructions. You have a minute to read and absorb the information. When you hear another bell enter the station and will be greeted by the examiner(s). When you hear the next bell immediately leave and walk to the next station and start reading straight away. It can be quite a noisy environment. A short video giving some additional information is available at [About the DipUMC Exam - The Faculty of Pre-Hospital Care](#)

It is recommended you wear clothing that doesn't identify where you work or your job role. The examiners will only know your candidate number, not your professional background. It's important you're not displaying your job role on your clothing.

Examiners are trained not to respond positively or negatively to your answers. Please do not be put off by this, it doesn't mean your not doing well. Examiners are instructed not to provide any feedback to you during the exam.

For some stations you may finish early. Examiners are instructed not to engage the candidate in conversation at this time. They are not being rude, they are just following examination guidance. That's fine. You will need to remain in your station but take the opportunity to have a drink, clear your mind and relax. The time is still yours to get marks – if you think of something else you want to do or say – do so!

When the bell rings immediately move on. Previous candidates have suggested you forget about what you did/didn't say and focus on the next question, otherwise you could lose marks. Drink water that's available if you're thirsty – you do a lot of talking and may have a dry mouth from nerves!

Pass Mark

The Royal College of Surgeons of Edinburgh prides itself on the quality and reliability of its examinations. For this reason all questions are standard set and closely monitored by the College psychometricians to ensure each question performs to College standards. For this reason no pass mark can be published and results are not available for at least 4 weeks after the exam.

The exams and marking system are the same for everyone, regardless of your profession.

Examination Themes

1	Working in Urgent Medical Systems
2	Providing Urgent Medical Care
3	Using Technology in Urgent Medical Care
4	Managing Safe Dispositions
5	Risk Management
6	Urgent Care Preparedness
	Operational Practice
	Human Factors

The two cross cutting themes of Human Factors and Operational Practice will be picked up across all the above areas.

Preparation for the exam

- The exam tests the application of knowledge, reading alone is unlikely to be sufficient preparation. It is expected that candidates sitting the exam will already have experience of working in the Urgent Care environment and that preparation for this diploma will focus on looking at the syllabus and identifying gaps in their experience and addressing these. It is suggested that a variety of methods may be required. Including discussion with others planning to sit this exam or who are experienced Urgent Care clinicians. Successful candidates have specifically recommended this approach. A suggested approach is to identify areas where you feel development is required and use some of the resources outlined below. These could include books or journals, on-line resources or contact with individuals or organisations relevant to your preparation.

In preparing for the exam it is important to consider that this is intended to be an exam for experienced urgent care practitioners to evidence their professional development as such it is expected that candidates will be able to demonstrate an ability to support colleagues to deal with less common situations, complex issues and emergency situations.

The exam questions are therefore aimed at :-

- Expanding knowledge
- Understanding Integrated Care
- Knowledge of all the components of the urgent care provision
- Knowledge to support less experienced colleagues. for example :-
the management of emergencies
Intercurrent illness in patients with chronic disease
- Serious but uncommon conditions e.g. Kawasaki's disease, decompression sickness.
- Living wills, capacity, safeguarding, female genital mutilation, mental health legislation

Regarding the management of emergencies. It is worth considering what emergencies can occur in any clinical system of the body (Cardiovascular, Respiratory, gastrointestinal etc). Most of these will have national guidelines on their management from sources such as the Resuscitation Council, The British Thoracic Society, National Institute for Health and Care Excellence. You are strongly advised to be familiar with such guidance.

National Variation

The arrangements for healthcare provision and legal issues such as capacity and mental health legislation differ between countries in the UK. For clarity we will not ask

- Not to ask SBAs on legal issues that differ, in different countries of the UK, for example capacity, mental health, living wills, underage contraception.
- Opportunities to demonstrate knowledge of legal issues may arise in the SOQs where examiners can take account of national differences.
- The reading list may reference documents relevant to single country. ***Purely as examples of good practice.***

Study Resources

These include: -

- Standard texts
- On-line resources
- Spending time with colleagues who work in specific areas identified in the syllabus (e.g. injuries, call centres).

As an example previous candidates spent time with:-

- An Accident and Emergency clinician as they felt they lacked experience in dealing with injuries
- An NHS 111 call centre to achieve an understanding of how this functions

For some themes of the syllabus spending time with colleagues// other providers of care will be a much more effective method of preparation than reading.

Essential Reading List –Theme by Theme

Many candidates have fed back that a good starting point is the book – Notes in Urgent Medical Care A course companion and Practical Guide by Martin MCGrath.

[Notes in Urgent Care - 9780323884075](#)

Working in Urgent Medical Systems

You need to understand how urgent care is accessed, the resources available and how systems decide on the best resource to meet the patients needs. You need to know about the other health and social care professionals we work alongside, so read about their training, skill sets and regulatory bodies. Think about how other services operate, their structures and what medical and social care capabilities they have.

Think about how patients access the various types of urgent care provision provided in the UK. Services other than just Emergency Departments, the Ambulance Service and Urgent Care organisations. An awareness of these services, how to access these and the criteria for access is expected.

[Urgent and emergency care services - NHS](#)

<https://www.cqc.org.uk/publications/major-report/state-care-urgent-primary-care-services>

<https://www.england.nhs.uk/urgent-emergency-care/nhs-111/integrated-urgent-care-nhs-111-workforce-blueprint/>

<https://www.england.nhs.uk/urgent-emergency-care/about-uec/>

<https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/>

<https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>

<https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/>

[NHS England » Pharmacy First](#)

<http://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/>

<https://aace.org.uk/wp-content/uploads/2019/08/safely-reduce-avoidable-conveyance-v2.0.pdf>

<https://bigp.org/content/76/764/133>

<https://www.gov.scot/policies/healthcare-standards/unscheduled-care/>

[Health - redesign of urgent care: evaluation - main report - gov.scot](#)

<https://www.nhsinform.scot/care-support-and-rights/nhs-services/pharmacy/nhs-pharmacy-first-scotland>

<https://healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know/>

https://www.gov.wales/sites/default/files/publications/2024-01/A%20New%20Prescription_One%20Year%20On.pdf

<https://www.england.nhs.uk/patient-safety/patient-safety-insight/national-medical-examiner-system/>

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/acem.14738>

[Improving the safety and effectiveness of urgent and emergency care - PMC](#)

Practicing Urgent Medical Care

This theme covers the clinical knowledge expected by candidates. It is anticipated that most candidates will have extensive clinical knowledge but they may wish to refer to the syllabus. It is expected that candidates will have knowledge of how to provide immediate management of life threatening emergencies in adults and children. Candidates should consider what life threatening situations could occur in the different systems of the body and ensure they can answer questions on the immediate management of these. Guidelines for such situations are published by organisations such as the Resuscitation Council, The British Thoracic Society, NICE.

Sources of guidance include

NICE Guidelines

<https://www.nice.org.uk/guidance>

NICE Clinical Knowledge Summaries

<https://www.nice.org.uk/cks-uk-only>

SIGN [https://www.sign.ac.uk/our-](https://www.sign.ac.uk/our-guidelines/)

[guidelines/](https://www.sign.ac.uk/our-guidelines/)

BTS Guidelines

<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/>

NHS Choices

<https://www.nhs.uk/conditions>

Resuscitation Council Guidelines

[2021 Resuscitation Guidelines | Resuscitation Council](#)

[UK](#)

Scottish Palliative Care Guidelines

<https://www.palliativecareguidelines.scot.nhs.uk/>

Sepsis

<https://elearning.rcgp.org.uk/mod/book/tool/print/index.php?id=12896#ch544>

[Course: Sepsis NUB | RCGP Learning](#)

<https://www.nice.org.uk/guidance/ng51>

<https://www.nice.org.uk/guidance/ng143>

[Alder Hay Hospital – Fever without a focus chart – see Appendix 2](#)

Safeguarding

[RCGP Safeguarding toolkit: Introduction | RCGP Learning](#)

www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults>

<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

<https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

GMC decision Making and Consent

[Decision making and consent - professional standards - GMC](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1432156/pdf/bmj33200807.pdf>

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

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[Making decisions for someone else - Social care and support guide - NHS](#)

<https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/>

https://elearning.rcgp.org.uk/pluginfile.php/179161/mod_book/chapter/770/Children%20and%20young%20people%20records%20access%20v3.0.pdf#:~:text=Where%20a%20parent%2C%20guardian%20or%20carer%20has,request%20by%20the%20patient%20or%20the%20proxies.

[https://www.macmillan.org.uk/cancer-information-and-support/treatment/if-you-have-an-advanced-cancer/advance-care-planning/advance-directive#:~:text=In%20Scotland%2C%20an%20advance%20directive%20\(or%20living%20will\)%20is,do%20not%20have%20mental%20capacity\).](https://www.macmillan.org.uk/cancer-information-and-support/treatment/if-you-have-an-advanced-cancer/advance-care-planning/advance-directive#:~:text=In%20Scotland%2C%20an%20advance%20directive%20(or%20living%20will)%20is,do%20not%20have%20mental%20capacity).)

<https://www.resus.org.uk/respect/respect-healthcare-professionals>

[Guideline for Emergency Departments, Minor Injury Units and Receiving Units where a child or young person presents under the influence of alcohol and/or drugs | NHSGGC](#)

Using Technology in Urgent Care

This theme covers the introduction of technology into urgent care and the use of technology in Urgent Care and the guidance that exists to ensure safety and ethical issues are considered.

This is the section where remote consultation development may be examined.

GMC Remote Consultations Guidance

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices> (Read only section on remote prescribing)

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-nhs-staff-quick-guide-a4.pdf>

NHS England and RCGP Guidance

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10558><https://www.england.nhs.uk/five-year->

[forward-view/next-steps-on-the-nhs-five-year-forward-view/harnessing-technology-and-innovation/](#)

<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/harnessing-technology-and-innovation/>

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf>

https://www.cqc.org.uk/sites/default/files/20170303_pms-digital-healthcare_regulatory-guidance.pdf

<https://www.goodsamapp.org/> - now being used by some Urgent Care providers for consultations with Consultants.

NHS Technology resources

<https://digital.nhs.uk> (Search Urgent Care to assess services that could be used to help Urgent Care Providers.)

<https://digital.nhs.uk/services/repeat-caller-service>

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-34-maintenance-medical-equipment>

<https://www.gov.uk/guidance/regulating-medical-devices-in-the-uk>

Managing Safe Dispositions

This theme covers making safe and appropriate decisions about the best management for the patient after they have been examined, assessed and a decision made as to the best management. This requires consideration of choice of service provision most appropriate to provide this management and make best use of services available to clinicians and the patient.

https://www.kingsfund.org.uk/sites/default/files/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010_0.pdf

<https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>
(Section 4 only)

<https://sjtrem.biomedcentral.com/articles/10.1186/s13049-017-0409-6>
<https://www.tandfonline.com/doi/full/10.1080/10903127.2018.1549628>
<https://www.ncbi.nlm.nih.gov/books/NBK506843/>

Risk Management

[National Early Warning Score \(NEWS\) 2 | RCP](#)

<https://news.ocbmedia.com/>

<https://www.cqc.org.uk/publications/themed-work/briefing-learning-serious-incidents-nhs-acute-hospitals>

<https://emj.bmj.com/content/36/5/287.full>

[National Early Warning Score \(NEWS\): Supporting clinical judgement and patient safety on Vimeo](#)

Urgent Care Preparedness

Risk Registers – These do not need to be known but general knowledge of their existence and content is expected. The following are only identified as examples you may wish to look for a register more appropriate for your area.

[National Risk Register - 2025 edition](#)

<https://www.firescotland.gov.uk/your-area/community-risk-register/>

Other documents for Urgent care Preparedness

<https://www.jesip.org.uk/about-jesip/>

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>

Tuckey, Michelle R and Scott, Jill E (2014) 'Group critical incident stress debriefing with emergency services personnel: a randomized controlled trial', *Anxiety, Stress & Coping*. Routledge, 27(1), pp. 38–54. doi: 10.1080/10615806.2013.809421

Operational Practice

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

https://www.gmc-uk.org/-/media/documents/raising-and-acting-on-concerns-about-patient-safety---english-0617_pdf-48902813.pdf

https://www.gmc-uk.org/-/media/documents/16---guidance-on-reporting-alleged-or-suspected-criminal-conduct-to-the-police_pdf-80651272.pdf

<https://www.england.nhs.uk/urgent-emergency-care/>

<https://www.mddus.com/advice-and-support/advice-library/engaging-with-the-media>

[final---uk-mp_handling-the-media_0418_web.pdf](#)

[Dealing with the media - The MDU](#)

<https://www.hcpc-uk.org/standards/standards-of-proficiency/paramedics/> - similar across the professions

[MPF 2025 - Advanced Practice](#)

<https://www.england.nhs.uk/publication/urgent-treatment-centres-principles-and-standards/>

Human Factors

Human Factors in Primary Care

<https://drive.google.com/file/d/0B4dbLgB56hptLUw1MG4xVDY5ZkU/view>

Human Factors in Healthcare

- <https://www.tandfonline.com/doi/full/10.1080/14739879.2016.1152658>
- <https://drive.google.com/file/d/0B4dbLgB56hptUGILbHBOU3hkNmc/view?resourcekey=0-WVZeEFs3MxAiS4KhnuAcwg>
- <https://www.rcemlearning.co.uk/foamed/human-factors/>
- Implementing Human Factors in Healthcare.
- <https://www.hse.gov.uk/humanfactors/topics/fatigue.htm>

Quality Improvement

- [improving-teams-in-healthcare-team-communication.pdf](#)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7807853/#:~:text=The%20central%20tenet%20in%20a%20l,%20of%20iterative%20tests%20of%20change.>
- <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/effective-teams-general-practice>
- <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2013/04/7428f23d7207f39da1eda97adbd7bf34.pdf>
- https://www.hee.nhs.uk/sites/default/files/documents/HEE_MDT_Toolkit_V1.1.pdf
- https://www.cqc.org.uk/sites/default/files/20160608_learning_from_harm_briefing_paper.pdf

- [leadership-and-management-for-all-doctors---english-48903400.pdf](#)
- <https://www.gmc-uk.org/-/media/documents/teamworking---understanding-barriers-and-enablers-to-supportive-teams-in-uk-health-systems-106637377.pdf>

Experience in the application of knowledge

could be gained by interaction with :-

Minor Illness Units

Minor Injuries Units

Walk-in centres

Homeless GP service

GP minor treatment centres

Mental Health providers (Including a visit to section 136 or equivalent if provided in your area)

999 call centres

111 call centres

Palliative care providers

Infection Control clinicians

Duty directors of Urgent care organisations

Duty Social Workers

Acute re-enablement team

Clinical information officers

Coroner

Laboratory clinicians regarding near patient testing

NHS Ambulance Services

Candidates may wish to access their own organisation's:

- Risk assessment

- Significant event meetings
- Safeguarding policies

Sample Questions

Can be found at:-

[view](#)
[view](#)

Appendix 1

1

MCQ ANSWER SHEET ONE

The Royal College of Surgeons of Edinburgh

Examination

Location

Date of Examination

Example
Candidate 0076
should be inserted as

CANDIDATE

NUMBER

01 02 03 04

05 06 07 08

09 10 11 12

13 14 15 16

17 18 19 20

21 22 23 24

25 26 27 28

29 30 31 32

33 34 35 36

37 38 39 40

41 42 43 44

45 46 47 48

49 50 51 52

53 54 55 56

57 58 59 60

61 62 63 64

65 66 67 68

69 70 71 72

73 74 75 76

77 78 79 80

81 82 83 84

85 86 87 88

89 90 91 92

MARKING INSTRUCTIONS

- This document is designed to be scanned by machine
- Mark like this using the pencil provided
- If you make a mistake erase it completely
- Each question will have five options listed (A-E).

Only one of the options will be the correct answer.

Indicate your response by marking a single line through the appropriate box. For example:

If question 23 correct answer is option C

If question 24 correct answer is option E

If question 25 correct answer is option A

23 A B C D E

24 A B C D E

25 A B C D E

1 A B C D E

2 A B C D E

3 A B C D E

4 A B C D E

5 A B C D E

6 A B C D E

7 A B C D E

8 A B C D E

9 A B C D E

10 A B C D E

11 A B C D E

12 A B C D E

13 A B C D E

14 A B C D E

15 A B C D E

16 A B C D E

17 A B C D E

18 A B C D E

19 A B C D E

20 A B C D E

21 A B C D E

22 A B C D E

23 A B C D E

24 A B C D E

25 A B C D E

26 A B C D E

27 A B C D E

28 A B C D E

29 A B C D E

30 A B C D E

31 A B C D E

32 A B C D E

33 A B C D E

34 A B C D E

35 A B C D E

36 A B C D E

37 A B C D E

38 A B C D E

39 A B C D E

40 A B C D E

41 A B C D E

42 A B C D E

43 A B C D E

44 A B C D E

45 A B C D E

46 A B C D E

47 A B C D E

48 A B C D E

49 A B C D E

50 A B C D E

51 A B C D E

52 A B C D E

53 A B C D E

54 A B C D E

55 A B C D E

56 A B C D E

57 A B C D E

58 A B C D E

59 A B C D E

60 A B C D E

61 A B C D E

62 A B C D E

63 A B C D E

64 A B C D E

65 A B C D E

66 A B C D E

67 A B C D E

68 A B C D E

69 A B C D E

70 A B C D E

71 A B C D E

72 A B C D E

73 A B C D E

74 A B C D E

75 A B C D E

76 A B C D E

77 A B C D E

78 A B C D E

79 A B C D E

80 A B C D E

81 A B C D E

82 A B C D E

83 A B C D E

84 A B C D E

85 A B C D E

86 A B C D E

87 A B C D E

88 A B C D E

89 A B C D E

90 A B C D E

1

MCQ ANSWER SHEET ONE

The Royal College of Surgeons of Edinburgh

Examination

Location

Date of Examination

MARKING INSTRUCTIONS

- This document is designed to be scanned by machine
- Mark like this using the pencil provided
- If you make a mistake erase it completely
- Each question will have five options listed (A-E). Only one of the options will be the correct answer. Indicate your response by marking a single line through the appropriate box. For example:

If question 23 correct answer is option C A B C D E

If question 24 correct answer is option E A B C D E

If question 25 correct answer is option A B C D E

Example:
Candidate 0076
should be inserted as:

CANDIDATE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

CANDIDATE NUMBER

0	0	7	6
---	---	---	---

CANDIDATE NUMBER

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Appendix 2

Insert Fever without a focus Screening Chart

FEVER WITHOUT A FOCUS

Screening tool for children aged <5 years

This document is a screening tool for the risk of serious illness after a diagnosis of 'fever without a focus' has been made by full history and clinical examination in a child aged under 5 years.

Patient Name:

AE Number:

All patients with 'fever without a focus' should be assessed for shock and dehydration and treated according to Emergency Department guidelines. Also consider using other departmental pathways, as appropriate eg: Limping Child
Tick all boxes which apply, and follow the **HIGH**, **MEDIUM** or **LOW** risk management pathways overleaf as indicated. A patient with **any one or more** high risk sign(s) or symptom(s) should be managed as high risk. Only manage as low risk if **all** ticks are in low risk boxes.

COLOUR	→	<input type="checkbox"/> Pale OR <input type="checkbox"/> Mottled OR <input type="checkbox"/> Ashen OR <input type="checkbox"/> Blue	→	HIGH RISK <input type="checkbox"/>		
	→	<input type="checkbox"/> Pallor OR <input type="checkbox"/> Pallor reported by parent or carer	→	MEDIUM <input type="checkbox"/>		
	→	<input type="checkbox"/> None of the above AND <input type="checkbox"/> Normal colour of skin, lips and tongue	→	LOW RISK <input type="checkbox"/>		
ACTIVITY	→	<input type="checkbox"/> No response to social cues OR <input type="checkbox"/> Looks unwell OR <input type="checkbox"/> Unable to rouse or does not stay awake OR <input type="checkbox"/> Cry is weak OR <input type="checkbox"/> High pitched OR <input type="checkbox"/> Continuous	→	HIGH RISK <input type="checkbox"/>		
	→	<input type="checkbox"/> Does not respond normally to social cues OR <input type="checkbox"/> Wakes only with prolonged stimulation OR <input type="checkbox"/> Decreased activity OR <input type="checkbox"/> No smile	→	MEDIUM <input type="checkbox"/>		
	→	<input type="checkbox"/> Has a normal response to social cues AND <input type="checkbox"/> Content or smiles AND <input type="checkbox"/> Stays awake or awakens quickly AND <input type="checkbox"/> Strong normal cry or <input type="checkbox"/> No cry	→	LOW RISK <input type="checkbox"/>		
CIRCULATION & HYDRATION	→	<input type="checkbox"/> Reduced skin turgor OR <input type="checkbox"/> Weak pulse	→	Assess % dehydration & treat	→	HIGH RISK <input type="checkbox"/>
	→	<input type="checkbox"/> Dry mucus membranes OR <input type="checkbox"/> Poor feeding in infants OR <input type="checkbox"/> Capillary Refill Time ≥ 2 seconds OR <input type="checkbox"/> Decreased urine output	→	Assess % dehydration & treat	→	MEDIUM <input type="checkbox"/>
	→	<input type="checkbox"/> Tachycardia (>160bpm: Age<12m / >150bpm: Age 12-24m / >140bpm: Age 2-5 yrs)	→		→	MEDIUM <input type="checkbox"/>
	→	<input type="checkbox"/> Normal skin and eyes AND <input type="checkbox"/> Moist mucus membranes AND <input type="checkbox"/> Capillary Refill Time <2 seconds	→		→	LOW RISK <input type="checkbox"/>
RESPIRATORY	→	<input type="checkbox"/> Grunting OR <input type="checkbox"/> Respiratory Rate > 60 breaths/min OR <input type="checkbox"/> Moderate or severe chest wall recession OR <input type="checkbox"/> Exhausted OR <input type="checkbox"/> Abnormal respiratory pattern	→		→	HIGH RISK <input type="checkbox"/>
	→	<input type="checkbox"/> Nasal Flaring OR <input type="checkbox"/> Respiratory Rate >50 breaths/min (age <12 months) or >40 (age >12 months) OR <input type="checkbox"/> Oxygen Saturations ≤ 95% in air OR <input type="checkbox"/> Crackles heard on chest auscultation	→		→	MEDIUM <input type="checkbox"/>
	→	<input type="checkbox"/> None of the above respiratory signs AND <input type="checkbox"/> Normal respiratory examination	→		→	LOW RISK <input type="checkbox"/>
OTHERS	→	<input type="checkbox"/> Temperature ≥ 38°C aged < 3 months OR ≥ 39°C aged 3 to 6 months	→		→	HIGH RISK <input type="checkbox"/>
	→	<input type="checkbox"/> Non-blanching rash OR <input type="checkbox"/> Bulging Fontanelle OR <input type="checkbox"/> Neck Stiffness OR <input type="checkbox"/> Status Epilepticus OR <input type="checkbox"/> Focal Seizures OR <input type="checkbox"/> Focal Neurological Signs OR <input type="checkbox"/> Bile-stained vomiting	→		→	HIGH RISK <input type="checkbox"/>
	→	<input type="checkbox"/> Fever for > 5 days OR <input type="checkbox"/> Swollen joint OR <input type="checkbox"/> Swollen limb OR <input type="checkbox"/> Child is non-weight bearing OR <input type="checkbox"/> Child is not using an extremity OR <input type="checkbox"/> New neck lump > 2 cm	→		→	MEDIUM <input type="checkbox"/>
	→	<input type="checkbox"/> No HIGH OR MEDIUM symptoms or signs from any of the above sections	→		→	LOW RISK <input type="checkbox"/>

FEVER WITHOUT FOCUS: Management of a child aged <5 yrs at **HIGH RISK** of serious illness

Refer to medical on-call team for admission and proceed with investigations.

If symptoms or signs of shock and/or dehydration are present, treat according to departmental guidelines.

Also see departmental guidelines for lumbar puncture and NICE guidelines for UTI investigation.

INVESTIGATIONS TO BE COMPLETED IN THE EMERGENCY DEPARTMENT

Child aged < 3 months	Time sent	Time checked	Comment
FBC			
CRP			
Chest X-Ray			
Blood culture			
Lumbar puncture			
Urine test for UTI			
Faeces culture <i>(if diarrhoea present)</i>			

Child aged 3 months to 5yrs	Time sent	Time checked	Comment
FBC			
CRP			
Chest X-Ray			
Blood Culture			
Urine test for UTI			

Consider the following for a child aged 3 months - 5yrs

Discuss with senior Emergency Department doctor or Medical Registrar (ST3/4) and document reason for decision in clinical notes below

Lumbar puncture			
Blood gas			
Serum electrolytes			
Faeces culture <i>(if diarrhoea present)</i>			

ALL HIGH RISK PATIENTS SHOULD HAVE:

- ½ hourly observations and intravenous antibiotics
- Referral to Medical on call team at ____ : ____
- Review within 1 hour
by Medical Registrar (ST3/4) or above at ____ : ____

Please document reasoning for clinical decisions, including any deviation from the guidelines

CLINICAL NOTES (time all entries)

Attach urine test printout here

Intravenous antibiotics given

Identification of clinician

Surname:

Grade:

Signature:

Specialty:

Date: ____ / ____ / ____

Time: ____ : ____

FEVER WITHOUT FOCUS: Management of a child aged <5 yrs at **MEDIUM RISK** of serious illness

Upon completion of your history and examination discuss the need for further investigations with a senior Emergency Department doctor (if available) or the 1st on-call Medical Registrar (ST3/4). Document discussion and reasons for decision in clinical notes section below. As a minimum all patients should have an appropriate urine test for UTI, as per the NICE UTI Guidelines.

If symptoms or signs of shock and/or dehydration are present, treat according to departmental guidelines.

Also see departmental guidelines for lumbar puncture and NICE guidelines for UTI investigation.

INVESTIGATIONS (if appropriate)	Needed YES / NO	Time sent	Time checked	Comment
Urine test for UTI	YES			
FBC				
CRP				
Blood culture				
Lumbar puncture				
Chest X-Ray				

ALL **MEDIUM RISK** PATIENTS SHOULD HAVE:

- Hourly observations

- Review of clinical condition & results with a senior doctor (within 2 hours of starting this pathway)

at ____ : ____

DISPOSAL

Discharge with Fever Management Advice leaflet
(Record reasons for decision in clinical notes)

Admit

(Record reasons for decision in clinical notes)

Please document reasoning for clinical decisions, including any deviation from the guidelines

CLINICAL NOTES (time all entries)

Attach urine test printout here

Identification of clinician

Surname:

Grade:

Signature:

Specialty:

Date: ____ / ____ / ____

Time: ____ : ____

FEVER WITHOUT FOCUS: Management of a child aged <5 yrs at **LOW RISK of serious illness**

Upon completion of your history and examination all children should have an appropriate urine test for UTI, as per the NICE UTI guidelines

INVESTIGATION	Needed	Time sent	Time checked	Comment
Urine test for UTI	YES			

ALL **LOW RISK PATIENTS SHOULD HAVE:**

- Re-examination for signs or symptoms of pneumonia and record details in the clinical notes below
(remember that signs may be subtle)
- Respiratory rate and respiratory effort re-recorded on the Emergency Department observation sheet

DISCHARGE CRITERIA UTI & pneumonia excluded Fever Management Advice leaflet given

Please document reasoning for clinical decisions, including any deviation from the guidelines

CLINICAL NOTES (time all entries)

Attach urine test printout here

Identification of clinician

Surname:

Grade:

Signature:

Speciality:

Date: ___ / ___ / ____

Time: ____ : ____