Table 1 Traffic light system for identifying likelihood of serious illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour	 Normal colour of skin, lips and tongue 	 Pallor reported by parent/carer 	Pale/mottled/ashen/blue
Activity	 Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/ not crying 	 Not responding normally to social cues Wakes only with prolonged stimulation Decreased activity No smile 	 No response to social cues Appears ill to a healthcare professional Unable to rouse or if roused does not stay awake Weak, high-pitched or continuous cry
Respiratory		 Nasal flaring Tachypnoea: RR > 50 breaths/minute age 6–12 months RR > 40 breaths/minute age > 12 months Oxygen saturation 95% in air Crackles 	 Grunting Tachypnoea: RR > 60 breaths/minute Moderate or severe chest indrawing
Hydration	Normal skin and eyesMoist mucous membranes	 Dry mucous membrane Poor feeding in infants CRT ≥ 3 seconds Reduced urine output 	Reduced skin turgor
Other	None of the amber or red symptoms or signs	 Fever for ≥ 5 days Swelling of a limb or joint Non-weight bearing/ not using an extremity A new lump > 2 cm 	 Age 0–3 months, temperature ≥ 38°C Age 3–6 months, temperature ≥ 39°C Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures Bile-stained vomiting

CRT: capillary refill time RR: respiratory rate

Table 2 Symptoms and signs of specific diseases

Diagnosis to be considered	Symptoms and signs in conjunction with fever
Meningococcal disease	 Non-blanching rash, particularly with one or more of the following: an ill-looking child lesions larger than 2 mm in diameter (purpura) CRT ≥ 3 seconds neck stiffness
Meningitis ¹	 Neck stiffness Bulging fontanelle Decreased level of consciousness Convulsive status epilepticus
Herpes simplex encephalitis	 Focal neurological signs Focal seizures Decreased level of consciousness
Pneumonia	 Tachypnoea, measured as: 0-5 months - RR > 60 breaths/minute 6-12 months - RR > 50 breaths/minute > 12 months - RR > 40 breaths/minute Crackles in the chest Nasal flaring Chest indrawing Cyanosis Oxygen saturation ≤ 95%
Urinary tract infection (in children aged older than 3 months) ²	 Vomiting Poor feeding Lethargy Irritability Abdominal pain or tenderness Urinary frequency or dysuria Offensive urine or haematuria
Septic arthritis/osteomyelitis	 Swelling of a limb or joint Not using an extremity Non-weight bearing
Kawasaki disease ³ CRT: capillary refill time	 Fever lasting longer than 5 days and at least four of the following: bilateral conjunctival injection change in upper respiratory tract mucous membranes (for example, injected pharynx, dry cracked lips or strawberry tongue) change in the peripheral extremities (for example, oedema, erythema or desquamation) polymorphous rash cervical lymphadenopathy

CRT: capillary refill time RR: respiratory rate

¹ Classical signs (neck stiffness, bulging fontanelle, high-pitched cry) are often absent in infants with bacterial meningitis.

² Urinary tract infection should be considered in any child aged younger than 3 months with fever. See 'Urinary tract infection in children' (NICE clinical guideline, publication expected August 2007).

³ Note: in rare cases, incomplete/atypical Kawasaki disease may be diagnosed with fewer features.