

Clinical support tool for remote clinical assessment

Clinical findings	Green – Iow risk	Amber – intermediate risk	
Behaviour	 Wakes for feeds as normal Settled for periods of time Strong normal cry 	Sleepy or not consistently waking for feeds	 Unable to wa Persistently u Clinical concerning pitched or concerning
Tone	• Normal		 Stiff for prolo a seizure Floppy
Respiratory	Normal pattern and rate		Abnormal/fas
Skin	 Normal skin colour Warm extremities 		• Pale / mottle
Hydration	Plenty of wet nappies	 Wet nappies reduced Signs of dehydration ie mouth dry, sunken fontanelle 	
Other	No amber features	Additional parent/carer concerns	 Has a tempe Rash that do

	Green Action	Amber Action	
	Provide "Crying baby under 3 months" safety netting advice Confirm they are comfortable with the decisions/ advice given Always consider safeguarding issues. Consider video consultation to offer further reassurance	For face to face review (consider if video consultation is appropriate). If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.	Refer immedia consider whet most appropri

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.



Red – high risk

vake

- unable to settle
- ncerns about nature of cry (weak, high continuous)
- longed periods or has any evidence of

ast breathing

led / blue

perature of \geq 38°C does not disappear with pressure



Red Action

diately to emergency care ether 999 transfer or parent/taxi priate based on clinical acuity etc.

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