Fever Checklist

Fever (pyrexia) is present if oral temperature is over 37.5°C.

Fever Checklist

History

- Inquire about symptoms from all major organ systems, including a detailed history of general complaints (eg. fever, weight loss, night sweats, headaches, rashes).
- Record all complaints, even if they disappeared before the examination. Previous illnesses are important, including surgeries and psychiatric illnesses.
- Provide a detailed evaluation including the following:
  - Family history
  - Immunization status
  - Occupational history
  - Travel history
  - Nutrition
  - Drug history (over-the-counter medications, prescription medications, illicit substances)
  - Sexual history
  - Recreational habits
  - Animal contacts (including possible exposure to ticks and other vectors)

Physical examination

- Complete physical examination
- Repeat a regular physical examination daily while the patient is hospitalized. Pay special attention to rash, new or changing cardiac murmurs, signs of arthritis, abdominal tenderness or rigidity, lymph node enlargement, fundoscopic changes, and neurologic deficits.

Laboratory tests and Initial Imaging that may be <u>considered based on clinical assessment</u>

- CBC (with differential count), ESR, CRP
- LRFT, glucose, PT APTT
- CK, LDH, D-dimer, amylase
- Urine analysis
- NPS/NPA x influenza A/B Ag & PCR, viral culture
- C/ ST (e.g. blood, sputum, urine, wound)
- Prolong blood C/ST to 14 days for suspected endocarditis/fungemia (specify in request)
- Stool exam (eg viral study, C/ST, ova & cyst, Amoeba, *Clostridium difficile* toxin)
- Sputum/gastric lavage x AFB smear + C/ST x 3
- CXR, X ray of relevant regions
- CT Brain
- Lumbar puncture for CSF examination
- Peripheral blood smear
- Tumor markers (CEA, AFP, PSA)
- TFT
- Serum immunoelectrophoresis, Ig pattern
- ANA, anti ds-DNA, C3, C4, anti ENA, RF, ANCA
- Cryoglobulin
- Ferritin
- MT2 (a negative test does not exclude TB)
- Respiratory tract specimen x PCR TB DNA
- EMU x AFB x 3
- Relevant body fluid (e.g. joint, pleural, peritoneal, pericardial) for cell count, protein, glucose, pH, Gram stain & C/ST, AFB smear & C/ST, cytology, fungal culture
- Urine x *Legionella pneumophila* Ag, pneumococcal Ag
- Blood x Malaria screen
- HIV Ab, CD4 count if HIV Ab +ve

- Serology tests:
  Atypical pneumonia (paired), Mycoplasma pneumoniae IgM, VDRL, Widal test, Weil-felix test (paired), Rickettsial serology (paired), Coxiella burnetii serology (paired), Brucella serology (paired), Monospot test, EBV VCA IgM, EBV EBNA IgG, hepatitis serology, Dengue (IgM/ IgG), Leptospirosis serology (paired), Parvovirus B19 serology (IgM/IgG), Hantavirus serology (paired), CMV IgM, JEV serology
- Sputum x fungal culture/ Nocardia/ Rhodococcus
- Sputum x *Pneumocystis jiroveci* (Cytology Lab)

Further microbiological tests for unexplained fever (prior arrangement required) that may be considered based on clinical assessment

- Differential time to positivity (blood C/ST from peripheral vein and catheter lumens)- for determination of catheter-related sepsis
- Serology e.g. HTLV1 serology, Burkholderia pseudomallei serology, Bartonella henselae serology, Aspergillus antibody, Penicillium marneffei antibody, Histoplasma antibody, Toxoplasma IgM/IgG, Amoebic IgG, Cysticercosis serology
- Respiratory tract specimen x PCR Chlamydia psittaci
- Blood x cryptococcal Ag
- Blood x AFB culture (Bactec bottle)
- Fresh blood for CMV pp65
- Clotted blood for galactomannan, (1-->3)-beta-D-Glucan

Other imaging that may be considered based on clinical assessment

- Ultrasonography
- Echocardiogram
- HRCT thorax (plain)
- CT (contrast) of region suspected to have localized pathology (e.g. thorax, abdomen, pelvis)
  - Avoid CT (contrast) if the patient has severe renal failure
  - For mild renal failure, CT (contrast) may still be proceeded.
  - Encourage fluid intake/NS infusion before CT (contrast)
  - Acetylcysteine 600mg bd po x 2 days (the day before CT; the day for CT)
- CT pulmonary angiogram for suspected pulmonary embolism
- Venous Doppler US of leg for suspected deep vein thrombosis
- MRI (contrast) if there is suspected localized pathology (especially for extremity bone/ spine infection)
  - Avoid MRI (contrast) if there the patient has renal failure
- Bone scan
- Gallium SPECT/CT
- PET-CT

Invasive procedures that may be considered based on clinical assessment

- Endoscopy
- Biopsy (for histology, C/ST, AFB C/ST +/- fungal culture)
  - Bone marrow (if abnormal CBP), pleural, pericardium, skin, lymph node, liver, temporal artery, bone

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