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FEBRILE CONDITIONS IN EMERGENCY MEDICINE

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Background: Fever is a common presenting symptom in emergency medicine and may indicate a wide spectrum of infectious conditions requiring prompt diagnosis and management. This study aimed to characterize the distribution of fever-associated diagnoses, hospitalization patterns, and severe complications using retrospective clinical data from 2024–2026.

Methods: A retrospective descriptive analysis of hospital statistical records from 2024 to 2026 was conducted. The analysis included selected infectious and fever-associated diagnoses classified according to the International Classification of Diseases, Tenth Revision (ICD-10). Annual case counts, intensive care unit (ICU) admissions, and recorded complications were evaluated.

Results: Cases classified as fever of unspecified origin (R50.9) increased from 304 in 2024 to 434 in 2025, followed by 282 in 2026. Corresponding ICU admissions were 4, 6, and 3, while recorded fatalities were 3, 4, and 0, respectively.

Pneumonia (J18.9) represented the most frequently recorded diagnosis, with 1,580 cases in 2024, 1,509 in 2025, and 785 in 2026. Associated respiratory failure (J96) was documented in 774, 673, and 416 cases, respectively.

Urinary tract infections (N39.0/N39.9) accounted for 610 cases in 2024, 908 in 2025, and 736 in 2026. Sepsis (A41.9) associated with urinary tract infections was recorded in 108, 162, and 142 cases, respectively. Overall, cases with a primary diagnosis of sepsis (A41.9) numbered 367 in 2024, 493 in 2025, and 411 in 2026.

Less frequently recorded conditions included meningitis (G03.9), with 20 cases in 2024 and 13 in 2026, as well as encephalitis/myelitis (G04.9) and acute tonsillitis (J03.9).

Conclusions: Pneumonia, urinary tract infections, and sepsis accounted for a substantial proportion of the selected fever-associated diagnoses. The frequent documentation of respiratory failure and sepsis highlights the importance of early clinical assessment, risk stratification, and timely recognition of potentially life-threatening complications in emergency care.

Keywords: Fever; Pneumonia; Sepsis; Urinary tract infection; Emergency medicine.