Clinical Guideline for Evaluation/Treatment of Febrile Infant: 22-28 Days of Age

**Inclusion Criteria:**
- Well-appearing
- Full term gestation (≥37 weeks)
- No chronic medical conditions
- No evident source of bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis)
- Temperature ≥38°C (100.4°F) at home or healthcare facility
- Mild upper respiratory symptoms without respiratory distress

**Obtain:**
- **Blood Studies:** Blood Culture, CBC, CMP, Procalcitonin and/or CRP
- **Urine Studies:** Catheterized urine culture and urinalysis
- **Respiratory Film Array**
- **Inflammatory Marker:**
  - Procalcitonin > 0.5 ng/mL
  - Absolute Neutrophil Count (ANC) > 4000 per mm³ OR < 1000 per mm³
  - CRP > 2 mg/dL

**HSV Workup**
1. Send HSV Studies:
   - Eye, nose, mouth, rectum swab for PCR
   - Blood HSV PCR
   - Vesicle fluid HSV PCR (if present)
   - CSF HSV PCR
2. Start acyclovir 20 mg/kg every 8 hours

**HSV Must Be Considered Thru 6 Weeks of Age**
- Maternal history of genital HSV lesions
- Household contacts with HSV
- Vesicles
- Seizure
- Hypothermia
- Elevated ALT
- Thrombocytopenia
- CSF pleocytosis

**SHARED DECISION-MAKING DISCUSSION WITH PARENTS ABOUT LUMBAR PUNCTURE. LP PERFORMED?**

**Pathogen or Source Identified?**

**Treat Infection**

- If all cultures negative and HSV PCR negative (if sent) at 24-36 hours AND infant is clinically well:
  1. Discontinue antibiotics and acyclovir (if initiated)
  2. Discharge infant within 36 hours

Reference:

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