

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 (eg, cellulitis, omphalitis, septic arthritis, osteomyelitis)

Temperature ≥38C (100.4F) 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 + HSV MUST BE CONSIDERED THRU 6 WEEKS OF AGE Procalcitonin>0.5ng/mL *INFLAMMATORY **HSV RISK FACTORS** •Absolute neutrophil count (ANC) >4000 per mm³ OR <1000 per mm³ MARKER + Maternal history of genital **HSV** lesions Household contacts with HSV •CRP>2mg/dL NO Vesicles Seizure Hypothermia YES SHARED DECISION-MAKING DISCUS- Elevated ALT SION WITH PARENTS ABOUT LUMBAR Thrombocytopenia **PUNCTURE. LP PERFORMED?** CSF pleocytosis **HSV WORKUP** 1. Send HSV Studies: NO -Eye, nose, mouth, rectum swab for PCR -Perform lumbar puncture and send for **-DO NOT GIVE ANTIBIOTICS** -Blood HSV PCR CSF culture, cell count, CSF film array, -Vesicle fluid HSV PCR (if preglucose/protein -Observe in hospital -CSF HSV PCR -Parenteral antibiotics: 2. Start acyclovir 20mg/kg Ampicillin 75mg/kg every 6 hours every 8 hours Ceftazidime 50mg/kg every 8 hours Observe in hospital Pathogen or source identified? YES NO TREAT INFECTION If all Cultures negative and HSV PCR negative (if sent) at 24-36 hours AND infant is clinically well: Discontinue antibiotics and acyclovir (if initiated) Discharge infant within 36 hours