



Clinical Guideline for Evaluation/Treatment of Febrile Infant: 8-28 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 $\geq 38\text{C}$ (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
 - CEREBROSPINAL FLUID (CSF) STUDIES: CSF culture, Cell count, CSF film array, Glucose/protein
 - RESPIRATORY FILM ARRAY
- EARLY CONTACT WITH BLANK CHILDREN'S HOSPITAL VIA TRANSFER CENTER @ 1-800-806-1787

HSV RISK FACTORS

- Maternal history of genital HSV lesions
- Household contacts with HSV
- Vesicles
- Seizure
- Hypothermia
- Elevated ALT
- Thrombocytopenia
- CSF pleocytosis

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 20mg/kg every 8 hours

YES

*Increased HSV Risk?

NO

1. Initiate parenteral antibiotics

- Ampicillin 75mg/kg every 6 hours
- Gentamicin 4mg/kg every 24 hours

2. Observe in hospital

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:

Pantell et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old. Pediatrics August 2021, 148 (2) e2021052228; DOI: <https://doi.org/10.1542/peds.2021-052228>

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