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 (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
- **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

**INCREASED HSV RISK?**

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

**TREAT INFECTION**

1. Initiate parenteral antibiotics
   - Ampicillin 75 mg/kg every 6 hours
   - Gentamicin 4 mg/kg every 24 hours
2. Observe in hospital

**Pathogen or source identified?**

YES

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

**NO**

Reference:

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