



Clinical Guideline for Evaluation/Treatment of Febrile Infant: 29-60 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: Urinalysis (bagged or cath)
 - RESPIRATORY FILM ARRAY
- CONTACT WITH BLANK CHILDREN'S HOSPITAL VIA TRANSFER CENTER @ 1-800-806-1787 with any questions

HSV MUST BE CONSIDERED THRU 6 WEEKS OF AGE

HSV RISK FACTORS

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

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 20mg/kg every 8 hours

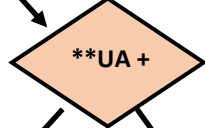
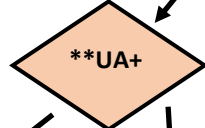
*INFLAMMATORY MARKER +

- Procalcitonin>0.5ng/mL
- Absolute neutrophil count (ANC) >4000 per mm³ OR <1000 per mm³
- CRP>2mg/dL



YES

NO



NO

YES

NO

YES

**UA+

- +Leukocyte Esterase
- +Nitrite
- >5 WBC

UC+

- >10,000 CFU of a uropathogenic organism

-Send urine culture by catheterized specimen if not done
 -PERFORM lumbar puncture
 -Initiate parenteral antibiotics: Ceftriaxone 50mg/kg every 12 hours
 -If CSF pleocytosis is present and there is concern for bacterial meningitis add vancomycin 15mg/kg every 6 hours.
 -Observe in hospital

-Send urine culture by catheterized specimen if not done
 -NEED NOT perform lumbar puncture
 -Home on oral antibiotics OR admission on parenteral antibiotics
 Oral: Cephalexin 75mg/kg/day divided TID
 Parenteral: Ceftriaxone 50mg/kg daily
 -If home, follow-up with PCP in 24 hours
 -Provide education on importance of outpatient renal ultrasound to be scheduled through PCP

-NEED NOT perform lumbar puncture
 -NO antibiotics given
 -Observe at home
 -Follow-up with PCP in 24 hours

-Send urine culture by catheterized specimen if not done
 -NEED NOT perform lumbar puncture
 -Administer oral antibiotics (cephalexin 75mg/kg/day divided TID)
 -Observe at home
 -Follow-up with PCP in 24 hours
 -Provide education on importance of outpatient renal ultrasound to be scheduled through PCP

-If pathogen/source identified treat the infection accordingly
 -If all cultures negative at 24-36 hours, stop antibiotics and acyclovir (if initiated) and discharge within 36 hours

-Adjust antibiotics based on culture results
 -UTI treatment 7-14 days

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 -UTI treatment 7-14 days

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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