



# 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

**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 +**

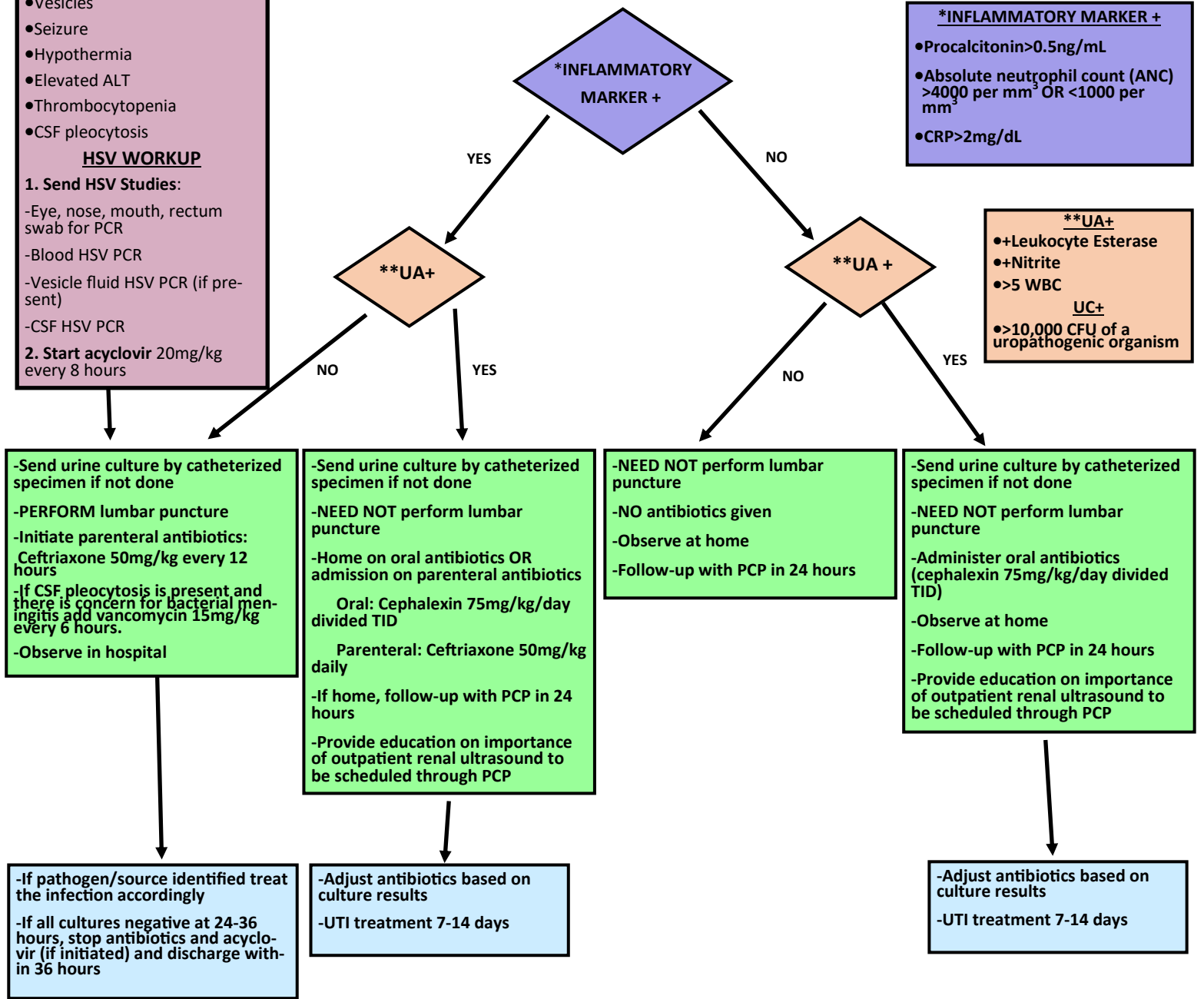
- Procalcitonin>0.5ng/mL
- Absolute neutrophil count (ANC) >4000 per mm<sup>3</sup> OR <1000 per mm<sup>3</sup>
- CRP>2mg/dL

**\*\*UA+**

- +Leukocyte Esterase
- +Nitrite
- >5 WBC

**UC+**

- >10,000 CFU of a uropathogenic organism



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>

February 2022