(a) HIGH RISK for SBI Criteria:
- Any ONE of the following:
  - Age ≤28 days
  - WBC <5,000 or >15,000
  - Absolute band count >1,500
  - Urine: any positive LE or nitrite; if microscopy any positive bacteria or >10 WBC/hpf
  - Prematurity (<37 weeks) AND an underlying medical condition

(b) LABS
- UA dipstick: catherized specimen
- Urine culture: catherized specimen
- Complete blood count with manual differential
- Peripheral blood culture
- Respiratory virus testing (DFA or RVPCR). Note: If RSV is positive and the infant is ≤28 days, test at least blood and urine. At any age, if you plan to give antibiotics, complete all testing: blood, urine, and CSF.
- Enterovirus PCR (blood and CSF, sterile body fluids only: order June-November and with any finding of CSF pleocytosis).

(c) Neonatal HSV EVALUATION

**INITIAL EVALUATION** is based on signs:
- Age 42 days or younger:
  - TEST AND TREAT if infant exhibits vesicular skin lesions, abnormal CSF, or seizures.
  - CONSIDER TESTING AND TREATING if infant exhibits septic appearance.
- Older infants: primary neonatal HSV is rare in infants older than 42 days. Infectious disease team consult may be indicated.

**TESTING** for HSV:
- Order blood PCR, CSF PCR, culture/PCR of skin lesions, culture/PCR of surface sites (mouth and throat, eyes, umbilicus, perirectal).
- With HSV testing, consider infant "High Risk" — begin treatment per Admission Orders.

(d) Minimum DISCHARGE CRITERIA
For UTI and BACTEREMIA:
- Able to eat
- Afebrile
- Home antibiotics arranged
- Follow-up arranged
For bacteremia only: follow-up blood cultures.

For BACTERIAL MENINGITIS and HSV:
- Consult with infectious disease specialist

(e) Minimum DISCHARGE CRITERIA
For SBI RULED OUT:
- Able to eat
- Follow-up arranged

Click here to view the complete care process model for this algorithm, *Inpatient Management of Febrile Infants 1–90 Days of Age.*