Febrile Infant, well-appearing and age 1–90 days

**ASSESSMENT**

Fever of ≥ 38°C on a single rectal temperature (or a reliable history of fever)

- Infant ≤ 28 days OR premature (<37 wks) with underlying medical condition? Gives clinical impression of possible SBI?
  - yes: **HSV**
  - no: **RSV**

**RSV**

- (+) RSV AND 29–90 days with fever >38.5
- (-) RSV

**HSV**

- Suspect HSV?
  - yes: **FULL TESTING**
  - no: **TEST for RSV**

**TEST for RSV**

- (+) RSV AND 29–90 days with fever ≤38.5
- (-) RSV

**FULL TESTING**

- Urine (by cath)*
- Blood*
- CSF with culture
- CXR if significant resp. s/sx
- Viral studies as appropriate*

**LIMITED TESTING**

- Urine (by cath)*
- Blood*
- Consider viral studies if admission is planned.

**NO FURTHER TESTING**

**HIGH RISK** initial treatment

**LOW RISK** initial treatment

*Notes on lab tests:

**Urine** (by cath): UA dipstick; urine culture

**Blood**: CBC with diff; peripheral blood culture

**Viral studies** as appropriate: resp. panel; enterovirus PCR on blood and CSF June–Nov., always with CSF pleocytosis; HSV evaluation for all infants <42 days with seizure, skin lesions, or abnormal CSF
**Febrile Infant, well-appearing and age 1–90 days**

### TREATMENT & DISPOSITION

#### HIGH RISK initial treatment*

<table>
<thead>
<tr>
<th>Focus</th>
<th>1 to 28 days</th>
<th>29 to 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected UTI OR no focus identified</td>
<td></td>
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</tr>
<tr>
<td>• Ampicillin (50 mg/kg/dose IV every 6 hrs)</td>
<td></td>
<td>• Ceftriaxone (100 mg/kg/dose IV every 24 hrs)</td>
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<tr>
<td>AND</td>
<td></td>
<td>note: Ampicillin is preferred agent if Gram stain of urine shows Gram-positive cocci</td>
</tr>
<tr>
<td>• Cefotaxime (50 mg/kg/dose IV every 6 hrs)</td>
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<tr>
<td>Suspected bacterial meningitis OR abnormal CSF</td>
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</tr>
<tr>
<td>• Ampicillin (75 mg/kg/dose IV every 6 hrs)</td>
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<tr>
<td>AND</td>
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<tr>
<td>• Gentamicin (5 mg/kg/dose IV every 24 hours)</td>
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<tr>
<td>Suspected HSV</td>
<td>Acyclovir (20 mg/kg/dose IV every 8 hrs)</td>
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</tbody>
</table>

#### LOW RISK initial treatment

- No treatment OR
- Antibiotics per dosages above — recommend attempt to obtain CSF before initiating IV antibiotics.

**Abnormal CSF**

**Admit**
- Admit locally OR
- Consider consult or transfer

**CSF normal**

**Admit**
- Admit locally

**Barriers to care or follow-up**

**Admit**
- Barriers to care or follow-up

**No barriers to care or follow-up**

**Discharge**
- Schedule follow-up within 24 hrs
- Provide patient/family education

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*Use in any of these circumstances:

- **High risk for SBI** is any ONE of the following:
  - ≤28 days of age, prematurity, or underlying condition
  - Urine: any positive LE or nitrite; if microscopy any positive bacteria or >10 WBC/hpf
  - WBC <5,000 or >15,000
  - Absolute band count ≥1,500

- **Abnormal CSF:**
  - 1-28 days of age: >18 WBC;
  - 29-90 days of age: >9 WBC;
  - OR grossly bloody tap at any age (>10,000 RBC)

- **Suspected neonatal HSV**
- **Clinical impression of high risk**

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Not intended to replace physician judgment with respect to individual variations and needs.