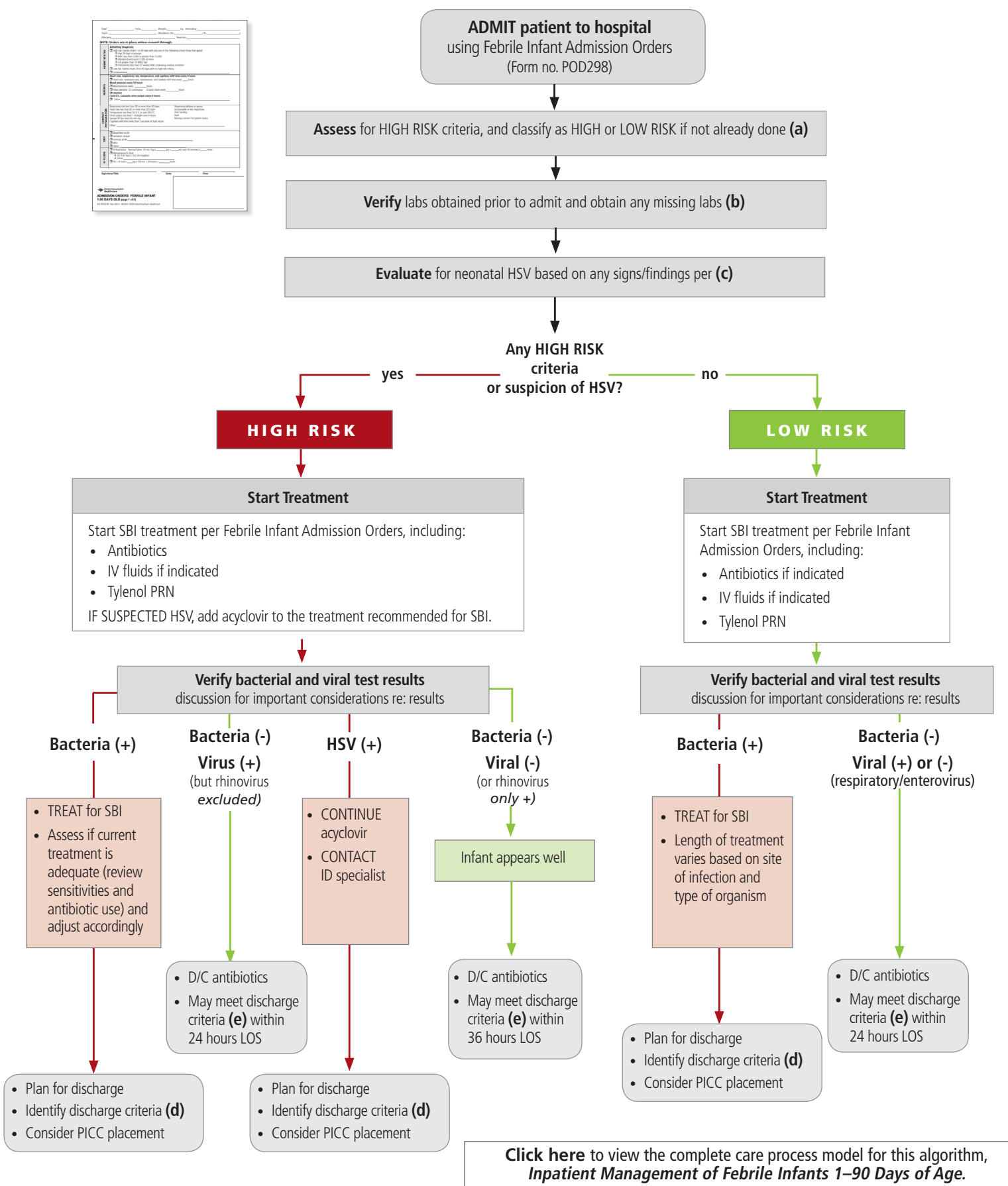


## ALGORITHM: INPATIENT CARE OF FEBRILE INFANTS 1-90 DAYS OLD



### (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: catheterized specimen
- Urine culture: catheterized 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.<sup>4,5</sup>

### (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 culture is negative

For **BACTERIAL MENINGITIS** and **HSV**:

- Consult with infectious disease specialist

### (e) Minimum DISCHARGE CRITERIA<sup>17,18</sup>

For **SBI RULED OUT**:

- Able to eat
- Follow-up arranged