ALGORITHM: EMERGENCY CARE OF THE WELL-APPEARING FEBRILE INFANT 1–90 DAYS OF AGE

INITIAL ASSESSMENT

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

Infant is ≤28 days OR premature (<37 weeks) with underlying medical condition? Gives clinical impression of possible SBI?

no

HSV suspected

suspected

HSV (vesicular skin lesions or seizure) or RSV (respiratory distress)?

no

TEST specimen for RSV

POSITIVE RSV AND
29–90 days with fever >38.5

NEGATIVE RSV

29–90 days with fever ≤38.5

LIMITED TESTING see p. 3 discussion (a)

• Urine (by cath):
  » UA dipstick
  » Urine culture

• Blood:
  » CBC with diff
  » Peripheral blood culture

• CSF with culture
  » Enterovirus PCR on blood and CSF from June to Nov — and always in patients with CSF pleocytosis
  » HSV evaluation (see sidebar, page 3) for all infants ≤42 days with vesicular skin lesions, seizure, or abnormal CSF. Testing may be indicated if infant exhibits septic appearance.

any

positive / abnormal results

EVALUATION

Abnormal CSF

Suspected HSV

Acyclovir (20 mg/kg/dose IV every 8 hours)

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)

no

Abnormal CSF

Suspected UTI

(a) Suspected UTI (positive LE, nitrite, or bacteria; WBC/plt >10) OR no focus identified

• Ampicillin (50 mg/kg/dose IV every 6 hours) AND
• Cefotaxime (50 mg/kg/dose IV every 6 hours)

(b) Suspected bacterial meningitis OR abnormal CSF

• Ampicillin (75 mg/kg/dose IV every 6 hours) AND
• Gentamicin (5 mg/kg/dose IV every 24 hours) AND
• Cefotaxime (75 mg/kg/dose IV every 6 hours)

• Ampicillin (75 mg/kg/dose IV every 6 hours) AND
• Gentamicin (5 mg/kg/dose IV every 24 hours) AND
• Ceftriaxone (100 mg/kg/dose IV every 24 hours)

Suspected HSV

High risk for SBI

or

Abnormal CSF

Ampicillin (75 mg/kg/dose IV every 6 hours)

LOW RISK

• No treatment

• Antibiotics per dosages at left — recommend attempt to obtain CSF before initiating IV antibiotics.

INITIAL TREATMENT

HIGH RISK see p. 3 discussion (b) in full CPM

Focus

1 to 28 days

29 to 90 days

Suspected UTI

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• Cefotaxime (75 mg/kg/dose IV every 6 hours)

suspected

HSV

Acyclovir (20 mg/kg/dose IV every 8 hours)

Click here to view the complete care process model for this algorithm, Emergency Care of the Well-appearing Febrile Infant 1–90 Days of Age.