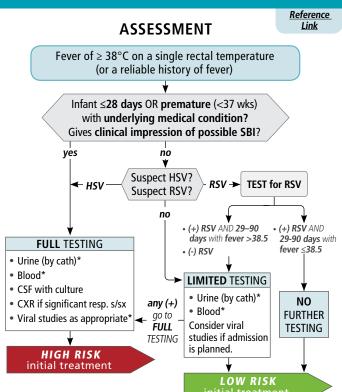


Febrile Infant, well-appearing and age 1–90 days



*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

<u>Reference</u> Link

TREATMENT & DISPOSITION

HIGH RISK initial treatment*			* Use in any of these circumstances:
Focus	1 to 28 days	29 to 90 days	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
Suspected UTI OR no focus identified	Ampicillin (50 mg/kg/dose IV every 6 hrs AND Cefotaxime (50 mg/kg/dose IV every 6 hrs)	Ceftriaxone (100 mg/kg/dose IV every 24 hrs) note: Ampicillin is preferred agent if Gram stain of urine shows Gram-positive cocci	
Suspected bacterial meningitis OR abnormal CSF	Ampicillin (75 mg/kg/dose IV every 6 hrs) AND Gentamicin (5 mg/kg/dose IV every 24 hours) AND Cefotaxime (75 mg/kg/dose IV every 6 hrs)	Ampicillin (75 mg/kg/dose IV every 6 hrs) AND Gentamicin (5 mg/kg/dose IV every 24 hrs) AND Ceftriaxone (100 mg/kg/dose IV every 24 hrs)	
Suspected HSV	Acyclovir (20 mg/kg/dose IV every 8 hrs)		Clinical impression of high risk
• No treatr • Antibioti above — attempt t	cs per dosages - recommend o obtain re initiating	Cons CSF normal Adm Barriers to care or follow-up No barriers - Sche	ADMIT it locally OR cider consult or transfer ADMIT it locally DISCHARGE edule follow-up within 24 hrs ide patient/family education