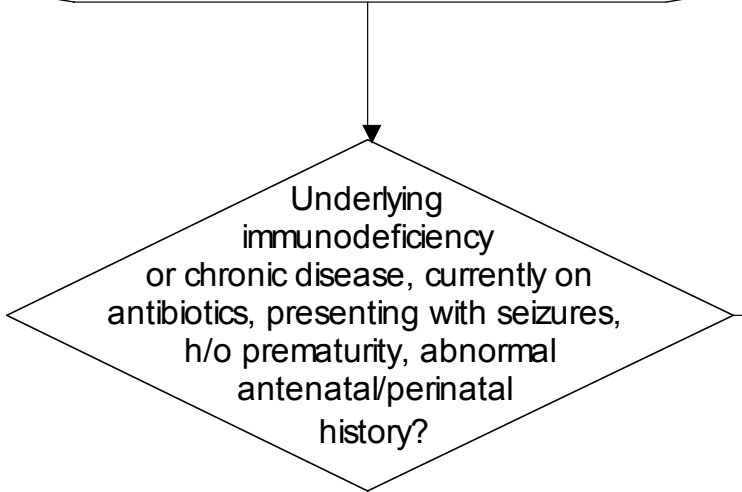


Children's Healthcare of Atlanta
 Emergency Department
 Fever Pathway
 0-28 Days of Age

Well appearing infant who is febrile
 (> or = 38.0 Rectal at home or in the ED/IC/PC)
 without obvious focal infection



Off Pathway.

CBCD
 CRP for baseline (if available)
 Blood Culture
 Cath UA
 Cath Urine Culture
 LP
 (HSV PCR if suspect Herpes)
 (March-October: if pleocytosis noted, consider enterovirus PCR)

If diarrhea: Stool smear for WBC's and stool culture.
 Consider rotazyme.
 Requires contact isolation. (See policy #111.4)

If lower respiratory symptoms: CXR
 Respiratory symptoms require droplet isolation.

If suspect Herpes: Consider Acyclovir (20 mg/kg/dose IV every 8 hours). Ages 7-21 days is the highest risk for HSV to appear.
 Requires contact isolation until all lesions are crusted.

Start antibiotics and admit.
 Ampicillin 50-100 mg/kg/dose IV
AND
 Cefotaxime 50 mg/kg/dose IV
OR
 Gentamicin 3.5 mg/kg/dose IV

If over 7 days old AND work up negative (CRP < 6 and WBC < 15,000 or > 5,000, bands < 1500) :
 Consider: admit and hold antibiotics if admitting physician concurs.

Consider holding Ampicillin in patients greater than 2 weeks of age if there is no pleocytosis in the CSF.

If holding ampicillin, send unspun urine gram stain (if available).