Fever Guideline 0-28 Days of Age
Emergency Department

1. Triage history consistent with inclusion criteria?
   - Yes
   - No → Continue treatment as appropriate

   **Place Patient On:**
   - Cardiac Monitor
   - Topical Anesthetic to spine at level of iliac crest
   - Strict NPO Diet
   - Set up for lumbar puncture

   **Full Set of Vital Signs:**
   - HR
   - RR
   - BP
   - Pulse Ox
   - Temperature

   **In-Out Bladder Catheterization:**
   - Urinalysis
   - Urine Culture

   **Notify ED Attending:**
   - *If MD is unavailable, proceed with IV access/blood draw per protocol*

2. **Lumbar Puncture:**
   - Cell count
   - Glucose and protein
   - CSF Culture and Gram stain
   - Consider enteroviral testing
   - Collect 1ml extra or a 4th tube for possible viral studies

3. **If Suspect HSV**, also obtain:
   - CSF HSV PCR
   - Blood HSV PCR
   - HSV surface cultures of:
     - Any suspicious skin lesion
     - Eyes, nose & rectum

4. **IV Access with Blood Draw:**
   - CBC with Diff
   - Blood Cultures
   - ALT* (if patient is ≤14 days of age)

5. **Anti-Infectives:**
   - Ampicillin 50mg/kg IV
   - Cefotaxime 50mg/kg IV

   ADD
   - Acyclovir 20mg/kg IV if indicated

6. Admit

**Inclusion Criteria**
- Febrile (≥38.0°C Rectal at home or reported from Urgent Care or Primary Care)

**Exclusion Criteria**
- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Presenting with seizure
- History of prematurity
- Abnormal antenatal/prenatal history

**Risk Factors for Herpes Simplex Virus (HSV)**
- Maternal history of herpes
- Patient presents with seizures
- Hypothermia
- Ill appearing
- Suspicious skin lesions (including any scalp lesions)
- CSF pleocytosis (≥20 WBC for <28 days of age) with negative Gram stain
- Elevated ALT (>50)

**Additional Tests—Based on Symptoms**
- If lower respiratory symptoms:
  - Obtain chest x-ray
- If diarrhea:
  - Stool culture

**Anti-Infectives**
- Ampicillin and cefotaxime are preferred as routine choice
- May consider gentamicin if toxic appearing (for augmented listeria coverage) or for known gram negative sepsis
- If no IV access, ceftriaxone can be used IM for a few doses if no evidence of clinical jaundice, until IV access is obtained
- Ampicillin is routinely used until 4 weeks of age (may be indicated after that age if clear evidence of meningitis)
- Start empiric acyclovir if:
  - Risk factors for HSV present, and
  - HSV workup in progress

**Boxes Shaded Purple Indicate Nursing Protocol**