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

Underlying immunodeficiency or chronic disease, currently on antibiotics, presenting with seizures, h/o prematurity, abnormal antenatal/perinatal history?

YES

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

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 rotavirus. 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.

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.

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

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).