## Previously Healthy, Full Term Infant with Fever (T≥100.4°F; 38°C)<sup>\(\chi\)</sup> WITHOUT a Source \*Toxic Characteristics Lethargy (poor or absent eye contact, failure to Yes FULL SEPSIS W/U recognize parents or interact) Toxic\* Signs of Poor Perfusion Consider HSV! Marked Hypoventilation Hyperventilation Cyanosis No <28 days 1-3 months 3-36 months No Temp $\ge 39.0^{\circ}\text{C} (102.2^{\circ}\text{F})$ ? Low Risk Clinical Criteria a **FULL SEPSIS Evaluation** CBC w/ Differential Yes **YES** Blood Cx No testing, No Abx Urine Cath Specimen RISK STRATIFICATION Antipyretics -U/A w/ Micro AND Consider CBC w/ Differential D/C Home with F/U -Urine Cx Blood Cx CSF Cx + Eval. Urine Cath Specimen for: +/- CXR U/A w/ Micro and Urine Cx Occult UTI Cath Urine Culture AND U/A or Urine Dip for ♀ <24mo, All ♂<6mo, and Uncircumcised ♂<12mo Low Risk Laboratory Criteria <sup>β</sup> **Therapy** Treat if >5 WBCs, + LE / Nitrates, + Gram Stain (if -Antipyretics obtained) -Empiric IV Abx: Example Out Pt Tx: Keflex or Amoxicillin or Suprax Example In Pt Tx: Ceftriaxone or Cefotaxime Ampicillin Plus Gentamicin OR NO YES Ampicillin Plus Cefotaxime **Occult Bacteremia ADMIT** <2 Prevnar Option 1: Obtain CSF **CSF Pleocytosis?** Consider CBC and Blood Cx Start Ceftriaxone Obtain CSF (Reference normal values for If WBC > 15K or < 5 or ANC $\ge 10,000$ , If No CSF Pleocytosis, Gestational Age) then Tx c one dose of Ceftriaxone. May D/C to Home If Abnormal, then >2 Prevnar Send CSF for HSV PCR May Give Ceftriaxone Blood Cx at physician's discretion **CSF Studies** AND **HYPERpyrexia (Temp≥ 106°F; 41.1°C)** Normal: Start ACYCLOVIR Blood Cx at physician's discretion Add Vancomycin Abnormal: Add Vancomycin Option2: Community - Acquired Pneumonia AND NO LP, NO Antibiotics Obtain CXR if: Ampicillin May D/C to Home Clinical signs of Lower Respiratory Tract Infection Hypoxia ( $SaO_2 < 95\%$ ) T > 39.5 (103.1) and WBC > 20,000 (if obtained) Ensure Antimicrobial Dosages are correct for age and weight. Follow-up in 12-24 hours w/ PMD/ED <sup>1</sup> Includes Fever detected at home. **Low-Risk Criteria** <sup>α</sup>Clinical Criteria: Previously Healthy, Term infant with uncomplicated Nursery Stay **Social Considerations for Safe D/C** NonToxic Clinical Appearance\* Home No Focal bacterial infection on examination Functioning Home Telephone Number <sup>β</sup>Laboratory Criteria: Transportation readily available WBC 5-15,000, <1,500 bands, or Bands / ANC ratio <0.2 Parental Maturity Negative Gram stain of urine (cath'd), or negative LE and nitrite on Thermometer available at home U/A, or < 5WBCs/hpfGood social situation When diarrhea present: <5WBCs/hpf in stool Travel time to ED <30 minutes