Guideline: Pediatric Febrile Infant 0-60 days, Inpatient

Last updated: 1/17/2022

Clinical algorithm:

Patient presents to ED with Temperature $\geq 38.0$ or $< 36.0$

For infants 0-28 days see: Infant 0-28 Days

For infants 29-60 days see: Infant 29-60 Days
Clinical guideline summary

CLINICAL GUIDELINE NAME: Febrile Neonatal 0-60 days

PATIENT POPULATION AND DIAGNOSIS: Infants ≤ 60 Days

APPLICABLE TO: Helen DeVos Children’s Hospital, SH Regional Hospitals

BRIEF DESCRIPTION: This clinical practice guideline applies to the initial evaluation and management of infants less than 60 days with fever.

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OWNING EXPERT IMPROVEMENT TEAM (EIT): Inpatient Pediatric Clinical Practice EIT

MANAGING CLINICAL PRACTICE COUNCIL (CPC): Children’s Health CPC

CPC APPROVAL DATE: 6/17/2021

OTHER TEAM(S) IMPACTED (Example: other CPCs, anesthesia, nursing, radiology, etc.): Nursing, Pharmacy, Infectious disease

IMPLEMENTATION DATE: 6/18/2021

LAST REVISED: 1/17/2022

FOR MORE INFORMATION, CONTACT: Erica Michiels
Clinical pathways clinical approach

TREATMENT AND MANAGEMENT:

Infant 0-28 Days

Febrile Neonatal Guideline 0-28 Days

Measured temperature at home or in the ED ≥ 38.0 or < 36.0

**If** empiric antibiotics are initiated, discontinue antibiotics within 24-36 hours if culture remains negative and discharge the infant by 24-36 hours if discharge criteria are met and appropriate follow-up is arranged.
**Febrile Neonatal Guideline 29-60 Days**

**29-60 days old**
Minimally ESI Level 2

**Order:**
- CBC w/diff
- CMP
- Blood Culture
- UA & Urine Culture
- PCT level
- COVID Testing

**Order if Signs/Symptoms:**
- Respiratory Viral Testing
- CXR
- Stool studies

**Complete Checklists:**
- Bacterial infection (BOX 3)
- HSV up to 42 days (BOX 4)

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**ill-appearing? (BOX 1)**

- NO
- YES

**NO**
- NO LP
- Cephalaxin PO 100mg/kg/day TID
- Discharge home with f/u in 12-24 hrs

**YES**
- Perform LP (BOX 5)
- Give ABX: (BOX 2)
- Admit Patient
- SEE BOX 6

**Normal inflammatory markers?**

- YES
- NO

**NO**
- NO LP
- Give ABX: (BOX 2)
- Admit Patient
- SEE BOX 6

**YES**
- NO LP
- NO ABX
- Discharge Patient

**Positive UA?**

- YES
- NO

**NO**
- NO LP
- NO ABX
- Admit Patient
- SEE BOX 6

**High risk for bacterial infection?**

- YES
- NO

**NO LP**
- NO ABX
- Discharge Patient

**Coordinate follow up plan established?**

- YES
- NO

**NO**
- NO LP
- NO ABX
- Admit Patient
- SEE BOX 6

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**BOX 1. Pediatric Assessment Triangle**
1 or more findings is ill-appearing:
- Tone
- Interpreteness
- Gag/Cry
- Consolability
- Feeds
- Skin turgor
- Pulses
- Metting Symmetry

**BOX 2. Antimicrobial Therapy 29-60 days**
Meningitis doses are used initially

*Not ill appearing* | Ill appearing or CSF pleocytosis
---|---
Ceftriaxone | Ceftriaxone
Or | Vancomycin
Cephalaxin if oral treatment for UTI | Acyclovir (if indicated by BOX 4)

*CSF pleocytosis for pts 29-60 days WBC >8

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**BOX 3: Bacterial Infection Checklist:**
If “yes” to any questions below, patient is high risk for bacterial infection:
- Born less than 37 weeks gestation
- Prior hospitalization or NICU stay
- Chronic medical problems
- Systemic antibiotics in last 72 hours
- WBC <5,000 or >15,000
- UA+ for nitrates, leukocytes or WBC >5
- PCT ≥ 0.5ng/mL
- Bands ≥ 1500
- Infiltrate on CXR

**NO**
- NO LP
- NO ABX
- Discharge Patient

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**BOX 4: HSV Checklist:**
If “yes” to any questions below, obtain CSF HSV PCR and viral culture of vesicle, if present:
- Prematurity
- Maternal hx of genital HSV
- ALT >50
- Seizure at home
- ill appearance
- Abnormal triage temperature
- Vesicular rash
- Thrombocytopenia
- Pleocytosis

**NO**
- NO LP
- NO ABX
- Discharge Patient

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**BOX 5: LP CSF Studies:**
- CSF Culture
- Cell Count
- Glucose
- Protein
- Consider HSV PCR
- Consider Enterovirus PCR.
- If limited fluid, prioritize culture.

**BOX 6. Duration of Treatment/Hospitalization**
If empiric antibiotics are initiated, discontinue antibiotics within 24-36 hours if culture remains negative and discharge the infant by 24-36 hours if discharge criteria are met and appropriate follow-up is arranged.
References:


