

CLINICAL STANDARD FOR INFANTS AGE \leq 90 DAYS WITH FEVER WITHOUT AN EVIDENT SOURCE

DEFINITION: Infant \leq 90 days of age with rectal temperature of \geq 100.4 F. Examination does not reveal an obvious focus for infection. Upper respiratory tract signs and symptoms are not considered to be a focus. The approach to focal bacterial infections in this age group are not addressed in this guideline.

	TOXIC APPEARANCE / ABNORMAL VITAL SIGNS OR AGE<30 DAYS	AGE 30-59 DAYS, NON-TOXIC
ASSESSMENT	History Vital Signs Physical Examination Blood Cultures CBC with manual differential Urinalysis Urine Culture (catheterized) Chest radiograph if respiratory signs or symptoms present Stool Culture and gram stain if diarrhea present Lumbar Puncture with cell count, gram stain, glucose, protein and culture	History Vital Signs Physical Examination Blood Cultures CBC with manual differential Urinalysis Urine Culture (catheterized) Chest radiograph if respiratory signs or symptoms are present Stool Culture and gram stain if diarrhea present. Lumbar Puncture with cell count, gram stain, glucose, protein and culture is strongly recommended in all infants in this age group.
THERAPY	Supportive care as indicated Admission to the hospital. Antimicrobials: Ampicillin and Gentamicin or Ampicillin and Cefotaxime Consider Acyclovir	I. Positive Labs___ or concerning history/social factors: _____ Admission to hospital Antimicrobials: Ceftriaxone Add Vancomycin if gram + cocci present on L.P. II. Normal Screening Labs and no concerns on history/social factors: OPTION A: Ceftriaxone Lumbar puncture if not done previously. Return for re-eval in 24 hours OPTION B (preferred option by authors): No antimicrobials Return for re-evaluation within 8-16 hours or admit to pediatric observation unit.
CONSULTS	Pediatrics or Family Practice as soon as possible	<u>Communication with the Pediatrics or Family Practice resident on call prior to disposition to ensure follow-up is provided.</u>
EDUCATION	Procedures done Medications Signs and symptoms of infection in infant	Procedures done Medications Signs and symptoms of infection in infant
DISCHARGE PLANNING	All cultures negative at 48 hours and infant otherwise stable, stop antimicrobials and release to home	<u>Admitted infants:</u> All cultures negative at 48 hours and infant otherwise stable, stop antimicrobials and release to home. <u>Infants sent home:</u> Serial observation daily over 48 hours. If remain stable and cultures are negative, no further intervention.

AGE 60-90 DAYS, NON-TOXIC	
ASSESSMENT	History Vital Signs Physical Examination Blood Cultures CBC with manual differential Urinalysis Urine Culture (catheterized) Chest radiograph if respiratory signs or symptoms are present Stool Culture and gram stain if diarrhea present
THERAPY	I. Positive Labs, or concerning history/social factors: Admission to hospital Lumbar Puncture with cell count, gram stain, glucose, protein and culture. Antimicrobials: Ceftriaxone Add Vancomycin if gram + cocci present on Lumbar Puncture. II. Low risk based on screening labs and history: <u>OPTION A:</u> Lumbar Puncture with cell count, gram stain, glucose, protein and culture. If CSF low risk: Ceftriaxone or no antimicrobials Return for re-evaluate in 24 hours <u>or admission to POBS</u> <u>OPTION B</u> (preferred by authors): No antimicrobials or lumbar puncture Return for re-evaluation within 24 hours or admit to POBS
CONSULTS	<u>Communication with the Pediatrics or Family Practice resident on call prior to disposition to ensure follow-up is provided.</u>
EDUCATION	Procedures done Medications Signs and symptoms of infection in infant
DISCHARGE PLANNING	<u>Admitted infants:</u> All cultures negative at 48 hours and infant otherwise stable, stop antimicrobials and release to home. <u>Infants sent home:</u> Serial observation daily over 48 hours. If remain stable and cultures are negative, no further intervention.

Positive screening laboratory evaluation is defined as WBC < 5,000 or >15,000; Urinalysis (spun) with > 10 WBC/hpf or positive urine gram stain; Stool gram stain > 5 WBC/hpf. Infiltrate on chest radiograph (if obtained).
²*Concerning history/social factors* would include history of prematurity, underlying serious disease, prior admission or treatment for suspected bacterial infection, unreliable caretaker, lack of ready access to follow-up check with healthcare provider