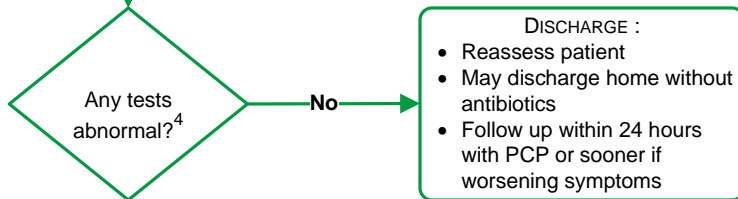


<ul style="list-style-type: none"> <li>• Urinalysis with reflex to culture<sup>3,4,5</sup></li> <li>• CBC with Diff</li> <li>• Blood Cultures*</li> </ul>	<p>OTHER TESTS AS CLINICALLY INDICATED</p> <p>If LP performed, consider Enteroviral PCR</p>
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<p><b>ANTI-INFECTIVE THERAPY<sup>6</sup></b></p> <p>Consider CefTRIAXone 50mg/kg IM If risk of bacteremia; ensure blood culture is done</p>	<p>UTI treatment if abnormal UA<sup>6</sup></p>
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If well appearing, may discharge home to follow up within 24 hours with PCP or sooner if worsening symptoms

**EXCLUSION CRITERIA**

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Immunizations within 48 hrs
- Presenting with seizure
- Petechiae
- Unreliable social situation

**¹SOURCE OF FEVER**

- Well defined viral illness (e.g., bronchiolitis, varicella, gingivostomatitis, herpangina, etc.)
- Specific bacterial illness (e.g., otitis media, etc.)
- Well defined bacterial infections (e.g., pneumonia, localized infection/cellulitis, etc.)

**²UTI RISK FACTORS**

<p>Females:</p> <ul style="list-style-type: none"> <li>• Age &lt; 12 months</li> <li>• Temperature <math>\geq 39.0</math>C</li> <li>• Fever <math>\geq 2</math> Days</li> <li>• Absence of another source of infection</li> </ul>	<p>Males:</p> <ul style="list-style-type: none"> <li>• Temperature <math>\geq 39.0</math>C</li> <li>• Fever &gt; 24 hours</li> <li>• Absence of another source of infection</li> </ul>
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**³PROBABILITY OF UTI**

Number of Risk Factors Present		Probability of UTI
Circumcised Male	Female	
$\leq 2$ risk factors	$\leq 1$ risk factor	$\leq 1\%$
$\leq 3$ risk factors	$\leq 2$ risk factors	$\leq 2\%$

*In uncircumcised male, probability exceeds 1% even with no risk factors*

**⁴ABNORMAL LAB TESTS**

**Abnormal UA:**

- > 9 WBC hpf (high power field) or
- +nitrites or
- LES  $\geq 2+$

**Risk for bacteremia:**

- WBC  $\geq 20,000$
- Absolute Neutrophil Count  $\geq 10,000$

**⁵URINALYSIS WITH REFLEX TO CULTURE**

Urinalysis will reflex to culture if:

- WBC > 9 or
- nitrite positive or
- LES  $\geq 2+$  or

If considering UTI, ensure urine culture is sent from an acceptable specimen

**⁶UTI TREATMENT**

**Inpatient therapy if:**

- Ill appearing
- Persistent vomiting
- Unreliable family situation

**Outpatient therapy:**

- Antibiotic options based on local pathogens and sensitivities
  - Cephalexin 25mg/kg/dose TID x 10 days is drug of choice
  - Alternative is 2<sup>nd</sup> generation cephalosporin, Cefprozil 15mg/kg/dose BID if there is concern with compliance with TID dosing
- Consider 1<sup>st</sup> dose of antibiotic (cephalexin) before discharge

\*=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT