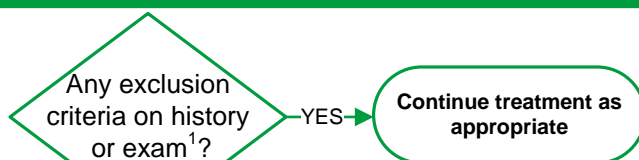


FEVER CLINICAL PRACTICE GUIDELINE 29 - 60 DAYS EMERGENCY DEPARTMENT

Febrile ($\geq 38.0^{\circ}\text{C}$ Rectal at home, in ED or reported from Urgent Care or Primary Care)

ORIGINAL VERSION 2012
UPDATE 2014, 2018
UPDATE 02/17/20
UPDATE 10/19/2022
UPDATE 1/18/23



NO

- CBC with Diff
- Procalcitonin (PCT)
- Blood Cultures
- Urinalysis
- Urine Culture

Consider additional testing based on symptoms²

- ### ¹EXCLUSION CRITERIA
- Toxic appearance
 - Underlying immunodeficiency
 - Underlying medical condition or perinatal history that increases risk of serious infection
 - Currently on antibiotics
 - Presenting with seizure
 - History of prematurity (<37 wks gestational age at birth)
 - Source of fever present on history or physical exam

- ### ²ADDITIONAL TESTS—BASED ON SYMPTOMS
- If lower respiratory symptoms:
- Consider chest x-ray
- If diarrhea:
- Consider GI PCR Panel
- Other Tests (such as RSV, flu test) as per physician discretion



CRITERIA	LOW RISK	INTERMEDIATE RISK	HIGH RISK	³ ABNORMAL UA	
	<ul style="list-style-type: none"> PCT $\leq 0.5\text{ng/ml}$ ANC $\leq 4,000/\text{mm}^3$ 	<ul style="list-style-type: none"> PCT $\leq 0.5\text{ng/ml}$ ANC $> 4,000/\text{mm}^3$ 	<ul style="list-style-type: none"> PCT $> 0.5\text{ng/ml}$ REGARDLESS of ANC value 	Positive UA: <ul style="list-style-type: none"> WBC ≥ 10 per hpf or Nitrites Positive or LES $\geq 2+$ 	
OPTIONS FOR TREATMENT				OPTION 1 PCT $> 0.5\text{ ng/ml}$	OPTION 2 PCT $\leq 0.5\text{ ng/ml}$
LUMBAR PUNCTURE ⁴	NO	YES	YES	YES ⁵	NO
ANTI-INFECTIVES ⁶	NO	Based on LP results ⁵	YES	YES	YES
ADMIT	NO ⁷	Based on LP results ⁵	YES	YES	YES

⁴LUMBAR PUNCTURE (LP)

- If clinical bronchiolitis, may hold LP unless starting antibiotics
- 1. CSF Cell count/diff
- 2. CSF Glucose and protein
- 3. CSF culture and Gram stain
- Consider ME PCR panel (meningo-encephalitis)
- CSF culture preferably not from first tube collected

If unable to obtain LP or un-interpretable and rest of work-up negative, discuss need for antibiotics with inpatient team

⁵LUMBAR PUNCTURE RESULTS

⁵ LUMBAR PUNCTURE RESULTS	Normal		Abnormal
	OPTION 1	OPTION 2	
Intermediate Risk			
ANTI-INFECTIVES ⁶	YES	NO	YES
ADMIT	NO ⁷	YES	YES

If CSF pleocytosis (WBC >10): send HSV PCR until 6 weeks of age and start acyclovir; consider enteroviral PCR³

⁶ANTI-INFECTIVES

If antibiotics to be given, ensure LP is performed prior to administration (except for UTI treatment with PCT <0.5)

- CefTRIAxone IV
 - Routine: 75mg/kg
 - If concern for meningitis: 100mg/kg
 - CeftTRIAxone may be given IM if unable to obtain IV
- If concern for **Bacterial** Meningitis add Vancomycin 20mg/kg IV

⁷DISCHARGE CRITERIA

Reassess patient. If remains well appearing, non-toxic, feeding well, reliable social situation & assured 24 hour follow-up with PCP or ED/UC, consider discharge home.