



¹INCLUSION CRITERIA

Febrile ($\geq 38.0C$ Rectal at home or reported from Urgent Care or Primary Care)

EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Presenting with seizure
- History of prematurity (< 37 weeks)
- Abnormal antenatal/prenatal history

²CMP

CMP may replace ALT if additional chemistries are indicated

³LUMBAR PUNCTURE

- CSF culture preferably not from first tube collected
- If CSF sample inadequate for cell counts and pleocytosis cannot be determined, discuss need for HSV PCR and need for Acyclovir with the inpatient team

⁴RISK FACTORS FOR HERPES SIMPLEX VIRUS (HSV)

- Maternal history of herpes
- Patient presents with seizures
- Hypothermia
- Ill appearing
- Suspicious skin lesions (including any scalp lesions)
- CSF pleocytosis (≥ 20 WBC for <28 days of age) with negative Gram stain
- Elevated ALT (>50)

ADDITIONAL TESTS—BASED ON SYMPTOMS

If lower respiratory symptoms:

- Obtain chest x-ray

If diarrhea:

- GI PCR Panel

⁵ANTI-INFECTIVES

- Ampicillin 100mg/kg IV
- Gentamicin 5mg/kg/dose IV. (If patient is ≤ 7 days the dose is 4mg/kg/dose)
- If no IV access, Amp/Gent can be used IM for one dose, until IV access is obtained
- Add CefTAZidime 50mg/kg/dose if suspect meningitis
- Start empiric acyclovir if:
 - Risk factors for HSV present, and
 - HSV workup in progress

BOXES SHADED PURPLE INDICATE CAREGIVER INITIATED PROTOCOL (CIP)

PLACE PATIENT ON: <ul style="list-style-type: none"> • Cardiac Monitor • Topical Anesthetic to spine at level of iliac crest • Strict NPO Diet • Set up for lumbar puncture 	FULL SET OF VITAL SIGNS: <ul style="list-style-type: none"> • HR • RR • BP • Pulse Ox • Temperature 	IN-OUT BLADDER CATHETERIZATION: <ul style="list-style-type: none"> • Urinalysis • Urine Culture 	NOTIFY ED ATTENDING *If MD IS UNAVAILABLE, PROCEED WITH IV ACCESS/BLOOD DRAW PER CAREGIVER INITIATED PROTOCOL
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LUMBAR PUNCTURE³:

1. CSF Cell count/diff
2. CSF Glucose and protein
3. CSF Culture and Gram stain
4. Consider enteroviral testing
4. Collect 1ml extra or a 4th tube for possible viral studies

IF SUSPECT HSV⁴, ALSO OBTAIN →

- CSF HSV PCR
- Blood HSV PCR
- HSV PCR for :
 - Any suspicious skin lesion
 - Eyes, nose & rectum

Send All Swabs In a SINGLE Culture Tube

IV Access with Blood Draw

- CBC with Diff
- Blood Cultures
- ALT² (if patient is ≤ 14 days of age)

ANTI-INFECTIVES⁵:

- Ampicillin⁵
- AND
- Gentamicin⁵

If Meningitis: give Ampicillin & Ceftazidime

- Add Acyclovir 20mg/kg IV if indicated⁵

Admit