



**1 INCLUSION 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

**2 CMP**

CMP may replace ALT if additional chemistries are indicated

**3 LUMBAR 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
- MEPCR Panel (Meningitis Encephalitis PCR CSF)

**4 ME PCR PANEL CONSIDERATIONS**

- Abnormal CSF findings concerning for meningitis
- CSF sample pretreated with antibiotics
- If concern for HSV infection, a standalone HSV PCR is preferred
- A negative ME panel does not necessarily rule out infection

**5 RISK 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 ( $\geq 20$  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

**5 ANTI-INFECTIVES**

- Ampicillin 100mg/kg IV
- Gentamicin 5mg/kg/dose IV. (If patient is  $\leq 7$  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:**

- Cardiac Monitor
- Topical Anesthetic to spine at level of iliac crest
- Strict NPO Diet
- Set up for lumbar puncture

**FULL SET OF VITAL SIGNS:**

- HR
- RR
- BP
- Pulse Ox
- Temperature

**IN-OUT BLADDER CATHETERIZATION:**

- Urinalysis
- Urine Culture

**NOTIFY ED ATTENDING**

\*IF MD IS UNAVAILABLE, PROCEED WITH IV ACCESS/BLOOD DRAW PER CAREGIVER INITIATED PROTOCOL

**LUMBAR PUNCTURE<sup>3</sup>:**

1. CSF Cell count/diff
2. CSF Glucose and protein
3. CSF Culture and Gram stain

- Consider ME PCR panel<sup>4</sup>

**IF SUSPECT HSV<sup>5</sup>, ALSO OBTAIN**

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

**IV Access with Blood Draw**

- CBC with Diff
- Blood Cultures
- ALT<sup>2</sup> (if patient is  $\leq 14$  days of age)

**ANTI-INFECTIVES<sup>5</sup>:**

- Ampicillin<sup>5</sup>
- AND
- Gentamicin<sup>5</sup>

**If Meningitis:** give Ampicillin & Ceftazidime

- Add Acyclovir 20mg/kg IV if indicated<sup>5</sup>

**Admit**