For possible viral studies

Emergency Department

Triage history consistent with inclusion criteria

Yes

No

Continue Treatment as appropriate

Emergency Department

Plac 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

If Suspect HSV, Also Obtain

IV Access with Blood Draw
- CBC with Diff
- Blood Cultures
- ALT (if patient is ≤14 days of age)

Anti-Infectives
- Ampicillin
- Gentamicin

If Meningitis: give Ampicillin & Ceftazidime
- Add Acyclovir 20mg/kg IV if indicated

Admit

Inclusion Criteria

Febrile (≥ 38.0°C 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

Cmp

Cmp may replace ALT if additional chemistries are indicated

Lumbar Puncture

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

Risk Factors for Herpes Simplex Virus (HSV)

Risk Factors for 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

Anti-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 CeftAZidine 50mg/kg/dose if suspect meningitis
- Start empiric acyclovir if:
  - Risk factors for HSV present, and
  - HSV workup in progress

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