FEVER CLINICAL PRACTICE GUIDELINE 0-28 DAYS **EMERGENCY DEPARTMENT**

Triage history

consistent with

inclusion

criteria

YĖS

IF SUSPECT HSV⁴, ALSO

OBTAIN-

IN-OUT

BLADDER

CATHETERIZATION:

Urinalvsis

Urine Culture

FULL SET OF

VITAL SIGNS:

HR

RR

•

ΒP

Pulse Ox

• Temperature

PLACE PATIENT ON:

Topical Anesthetic to

spine at level of iliac

LUMBAR PUNCTURE³:

Cardiac Monitor

Strict NPO Diet

1. CSF Cell count/diff

for possible viral studies

2. CSF Glucose and protein

3. CSF Culture and Gram stain

• Consider ME PCR panel

4. Collect 1ml extra or a 4th tube

Set up for lumbar

crest

puncture

No

Continue

Treatment as

appropriate

NOTIFY ED ATTENDING

*IF MD IS UNAVAILABLE,

ACCESS/BLOOD DRAW PER

PROCEED WITH IV

PROTOCOL

CSF HSV PCR

Blood HSV PCR

HSV PCR swab for:

Eyes, nose, & rectum

o Any suspicious skin lesion

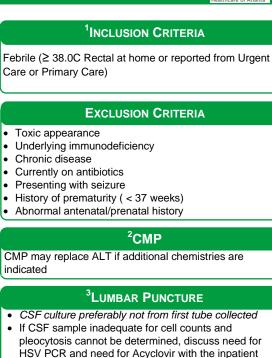
٠

•

CAREGIVER INITIATED

AMENDED 5/30/23 **UPDATE 1/23/23** FINAL 11/27/18





ME Panel (Meningo-enchephalitis)

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

ADDITIONAL TESTS-BASED ON SYMPTOMS

- If lower respiratory symptoms:
- Obtain chest x-ray

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

BOXES SHADED PURPLE INDICATE CAREGIVER INITIATED PROTOCOL (CIP)

IV Access with Blood Draw Elevated ALT (>50) CBC with Diff Blood Cultures ALT² (if patient is ≤14 days of age) If diarrhea: GI PCR Panel ANTI-INFECTIVES5: Ampicillin⁵ AND Gentamicin⁵ If Meningitis: give Ampicillin & Ceftazidime Add Acyclovir 20mg/kg IV if indicated⁵ Admit Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. ©2018 Children's Healthcare of Atlanta,Inc.

- HSV PCR and need for Acyclovir with the inpatient team