**Fever Clinical Practice Guideline 0-28 Days Emergency Department**

**1 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

**2 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
- ME Panel (Meningo-encephalitis)

**3 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 (≥ 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

**4 Anti-Infectives**
- Amoxicillin 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

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

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

**Anti-Infectives:**
- Amoxicillin
- Gentamicin

If Meningitis: give Amoxicillin & CefTAZidime
- Add Acyclovir 20mg/kg IV if indicated

**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.