Febrile (≥ 38.0°C Rectal at home or reported from Urgent Care or Primary Care)

**INCLUSION CRITERIA**

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

**EXCLUSION CRITERIA**

- 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

**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

**4 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 (send to ED if obtained)

**5 ANTI-INFECTIONS**

- 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.

* = Labs are obtained in UC, labeled as STAT & sent to admitting hospital for result

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