**Fever Clinical Practice Guideline 0-28 Days Urgent Care**

**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-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-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.

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

ME- Meningo-Encephalitis PCR Panel

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