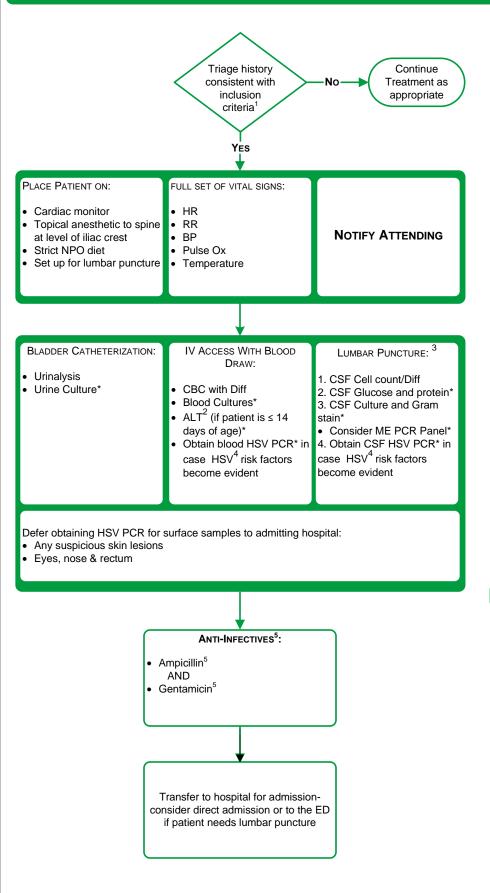
FEVER CLINICAL PRACTICE GUIDELINE 0-28 DAYS URGENT CARE

FINAL-11/27/18 UPDATE 1/18/23





¹Inclusion Criteria

Febrile (≥ 38.0C 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

²CMP

CMP may replace ALT if additional chemistries are indicated

³LUMBAR 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

⁴RISK FACTORS FOR HERPES SIMPLEX VIRUS (HSV)

- Maternal history of herpes
- Patient presents with seizures
- Hypothermia
- III 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)

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.

*=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT

ME- MENINGO-ENCEPHALITIS PCR PANEL