**Fever Clinical Practice Guideline 2-6 Months Emergency Department**

**Presenting with Temperature ≥ 38.0°C Rectal**

1. **Triage History Consistent with Fever**
   - Yes: Continue treatment as appropriate
   - No: Administer antipyretic per Nursing Caregiver Initiated Protocol (CIP)

2. Source of Fever Present?²
   - Yes: Continue treatment as appropriate
   - No: Temp ≥ 39.0°C?
     - Yes: Continue treatment as appropriate
     - No: Source of fever present?²

3. Temperature ≥ 39.0°C?
   - Yes: Continue treatment as appropriate
   - No: Any tests abnormal?⁵

4. **Exclusion Criteria**
   - Toxic appearance
   - Underlying immunodeficiency
   - Chronic disease
   - Currently on antibiotics
   - Immunizations with in 48 hrs
   - Presenting with seizure
   - Petechiae
   - Unreliable social situation

5. **Source of Fever**
   - Well defined viral illness (e.g., bronchiolitis, varicella, gingivostomatitis, herpangina, etc.)
   - Specific bacterial illness (e.g., otitis media, etc.)
   - Well defined bacterial infections (e.g., pneumonia, localized infection/ cellulitis, etc.)

6. **UTI Risk Factors**
   - **Females:**
     - White race
     - Age < 12 months
     - Temperature ≥ 39.0°C
     - Fever ≥ 2 Days
     - Absence of another source of infection
   - **Males:**
     - Nonblack race
     - Temperature ≥ 39.0°C
     - Fever > 24 hours
     - Absence of another source of infection

7. **Probability of UTI**
   - Number of Risk Factors Present
     - Circumcised Male
       - ≤2 risk factors: ≤1 risk factor: ≤1%
       - ≤3 risk factors: ≤2 risk factors: ≤2%
     - Female
       - ≤2 risk factors: ≤1 risk factor: ≤1%
       - ≤3 risk factors: ≤2 risk factors: ≤2%

   - In uncircumcised male, probability exceeds 1% even with no risk factors

8. **Abnormal Lab Tests**
   - Abnormal UA:
     - >9 WBC hpf (high power field) or
     - Nitrites positive or
     - LES ≥ 2+
   - Risk for bacteremia:
     - WBC ≥ 20,000
     - Absolute Neutrophil Count ≥ 10,000

9. **Urinalysis with Reflex to Culture**
   - Urinalysis will reflex to culture if:
     - WBC > 9 or
     - Nitrite positive or
     - LES ≥ 2+

10. **UTI Treatment**
    - Inpatient therapy if:
      - Ill appearing
      - Persistent vomiting
      - Unreliable family situation
    - Outpatient therapy:
      - Antibiotic options based on local pathogens and sensitivities
        - Ceftriaxone 250mg/kg/dose TID x 10 days is drug of choice
        - Alternative is 2nd generation cephalosporin, Cefprozil 15mg/kg/
          dose BID if there is concern with compliance with TID dosing
      - Consider 1st dose of antibiotic (cephalexin) before discharge

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