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

**Presenting with Temperature ≥ 38.0 C Rectal**

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

**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.)

**UTI Risk Factors**

**Females:**
- White race
- Age < 12 months
- Temperature ≥ 39.0C
- Fever ≥ 2 Days
- Absence of another source of infection

**Males:**
- Nonblack race
- Temperature ≥ 39.0C
- Fever > 24 hours
- Absence of another source of infection

**Probability of UTI**

<table>
<thead>
<tr>
<th>Number of Risk Factors Present</th>
<th>Probability of UTI</th>
</tr>
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<tbody>
<tr>
<td>≤ 2 risk factors</td>
<td>≤ 1%</td>
</tr>
<tr>
<td>≤ 3 risk factors</td>
<td>≤ 2%</td>
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</tbody>
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In uncircumcised male, probability exceeds 1% even with no risk factors.

**Abnormal Lab Tests**

- Abnormal UA:
  - >9 WBC hpf (high power field) or
  - Nitrites positive or
  - LES ≥ 2+

**Risk for bacteremia:**
- WBC ≥ 0.000
- Absolute Neutrophil Count ≥ 10,000

**Urinalysis with Reflex to Culture**

Urinalysis will reflex to culture if:
- WBC ≥ 9
- Nitrite positive
- LES ≥ 2+

**UTI Treatment**

**Inpatient therapy if:**
- Ill appearing
- Persistent vomiting
- Unreliable family situation

**Outpatient therapy:**
- Antibiotic options based on local pathogens and sensitivities
  - Cephalaxin 25mg/kg dose TID x 10 days is drug of choice
  - Alternative is 2nd generation cephalosporin, Cefprozil 15mg/kg/ dose IF there is concern with compliance with TID dosing
  - Consider 1st dose of antibiotic (cephalexin) before discharge

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