Fever Clinical Practice Guideline 2-6 Months
Emergency Department
Presenting with temperature ≥ 38.0°C rectal

Triage history consistent with Fever

- Continue treatment as appropriate
  - Administer antipyretic per Nursing Caregiver Initiated Protocol (CIP)

Source of fever present? 2

- Yes
  - Continue treatment as appropriate
- No
  - Temp ≥ 39.0°C?
    - No
      - Continue treatment as appropriate
      - UTI screening if indicated 3,4
    - Yes
      - Reassess patient
      - May discharge home without antibiotics
      - Follow up within 24 hours with PCP or sooner if worsening symptoms

Urinalysis with reflex to culture 3,4,5,6
- CBC with Diff
- Blood Cultures

If considering UTI, ensure urine culture is sent from an acceptable specimen

Any tests abnormal? 5

- No
  - Consider CefTRIAXone (50mg/kg IV/IM) if risk of bacteremia; ensure blood culture is done

UTI treatment if abnormal UA 7

If well appearing, discharge home to follow up within 24 hours with PCP or sooner if worsening symptoms

Exclusion Criteria
- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Immunizations with in 48 hours
- 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:
  - Age < 12 months
  - Temperature ≥ 39.0°C
  - Fever ≥ 2 Days
  - Absence of another source of infection
- Males:
  - Temperature ≥ 39.0°C
  - 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>
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<tbody>
<tr>
<td>Circumcised Male</td>
<td>Female</td>
</tr>
<tr>
<td>≤2 risk factors</td>
<td>≤1 risk factor</td>
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<tr>
<td>≤3 risk factors</td>
<td>≤2 risk factors</td>
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</tbody>
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In uncircumcised male, probability exceeds 1% even with no risk factors

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

Risk for bacteremia:
- WBC ≥20,000
- Absolute Neutrophil Count ≥10,000

Urinalysis with reflex to culture:
- WBC ≥9 or
- Nitrile positive or
- LES ≥ 2+

UTI Treatment

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

Outpatient therapy:
- Antibiotic options based on local pathogens and sensitivities
  - Cephalixin 25mg/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

Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care. ©2018 Children’s Healthcare of Atlanta, Inc.