Triage history consistent with Fever

- Continue treatment as appropriate

Source of fever present?¹

- Continue treatment as appropriate

Temp ≥ 39°C?

- Continue treatment as appropriate
  - UTI screening if indicated²,³

OTHER TESTS AS CLINICALLY INDICATED

- Urinalysis with reflex to culture²,⁴,⁵
- CBC with Diff
- Blood Cultures⁶

If LP performed, consider Enteroviral PCR

Any tests abnormal?⁴

- Reassess patient
- May discharge home without antibiotics
- Follow up within 24 hours with PCP or sooner if worsening symptoms

DISCHARGE:

ANTI-INFECTION THERAPY⁶

- Consider CefTRIAMone 50mg/kg IM
- UTI treatment if abnormal UA⁶

If well appearing, may 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 hrs
- Presenting with seizure
- Petechiae
- Unreliable social situation

¹Source 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.)

2UTI 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

3Probability of UTI

<table>
<thead>
<tr>
<th>Number of Risk Factors Present</th>
<th>Probability of UTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumcised Male</td>
<td>Female</td>
</tr>
<tr>
<td>≤2 risk factors</td>
<td>≤1 risk factor</td>
</tr>
<tr>
<td>≤3 risk factors</td>
<td>≤2 risk factors</td>
</tr>
</tbody>
</table>

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

4Abnormal Lab Tests

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

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

5Urinalysis with Reflex to Culture

Urinalysis will reflex to culture if:
- WBC>9 or
- nitrite positive or
- LES≥2+ or

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

6UTI Treatment

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

Outpatient therapy:
- Antibiotic options based on local pathogens and sensitivities
  o Cephalexin 25mg/kg/dose TID x 10 days is drug of choice
  o 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.