



EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Immunizations within 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

Number of Risk Factors Present		Probability of UTI
Circumcised Male	Female	
≤ 2 risk factors	≤ 1 risk factor	$\leq 1\%$
≤ 3 risk factors	≤ 2 risk factors	$\leq 2\%$

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 $\geq 2+$

Risk for bacteremia:

- WBC $\geq 20,000$
- Absolute Neutrophil Count $\geq 10,000$

⁵URINALYSIS WITH REFLEX TO CULTURE

Urinalysis will reflex to culture if:

- WBC > 9 or
- nitrite positive or
- LES $\geq 2+$ 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
 - Cephalexin 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

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