Triage history consistent with Fever

Source of fever present?¹

Temp ≥ 39°C?

• Urinalysis with reflex to culture²,⁴,⁵
• CBC with Diff
• Blood Cultures* ¹

OTHER TESTS AS CLINICALLY INDICATED

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-INFECTIVE THERAPY⁶

Consider CefTRIAXone 50mg/kg IM
If risk of bacteremia; ensure blood culture is done

UTI treatment if abnormal UA¹

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

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:
• 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

³PROBABILITY OF UTI

Number of Risk Factors Present

Circumcised Male | 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

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+

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 Cefazolin 25mg/kg/dose TID x 10 days is drug of choice
  o Alternative is 2nd generation cephalosporin, Cephradine 15mg/kg/dose BID if there is concern with compliance with TID dosing
• Consider 1st dose of antibiotic (cephalexin) before discharge