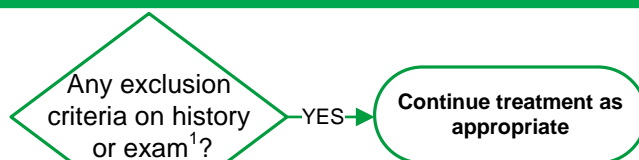


FEVER 29 - 60 DAYS EMERGENCY DEPARTMENT CLINICAL PRACTICE GUIDELINE

UPDATE 3/12/2024
PUBLISHED 2012



Febrile ($\geq 38.0^{\circ}\text{C}$ Rectal at home, in ED or reported from Urgent Care or Primary Care)



- CBC with Diff
 - Procalcitonin (PCT)
 - Blood Cultures
 - Urinalysis
 - Urine Culture
- Consider additional testing based on symptoms²

- ### ¹EXCLUSION CRITERIA
- Toxic appearance
 - Underlying immunodeficiency
 - Underlying medical condition or perinatal history that increases risk of serious infection
 - Currently on antibiotics
 - Presenting with seizure
 - History of prematurity (<37 wks gestational age at birth)
 - Source of fever present on history or physical exam

- ### ²ADDITIONAL TESTS—BASED ON SYMPTOMS
- If lower respiratory symptoms:
- Consider chest x-ray
- If diarrhea:
- Consider GI PCR Panel
- Other Tests (such as viral testing) as per physician discretion

Abnormal UA³

CRITERIA	LOW RISK	INTERMEDIATE RISK	HIGH RISK	³ ABNORMAL UA	
		<ul style="list-style-type: none"> • PCT $\leq 0.5\text{ng/ml}$ • ANC $\leq 4,000/\text{mm}^3$ 	<ul style="list-style-type: none"> • PCT $\leq 0.5\text{ng/ml}$ • ANC $> 4,000/\text{mm}^3$ 	<ul style="list-style-type: none"> • PCT $> 0.5\text{ng/ml}$ REGARDLESS of ANC value 	Positive UA: <ul style="list-style-type: none"> • WBC ≥ 10 per hpf or • Nitrites Positive or • LES $\geq 2+$
OPTIONS FOR TREATMENT				OPTION 1 PCT $> 0.5\text{ ng/ml}$	OPTION 2 PCT $\leq 0.5\text{ ng/ml}$
LUMBAR PUNCTURE ⁴	NO	YES	YES	YES ⁵	NO
ANTI-INFECTIVES ⁶	NO	Based on LP results ⁵	YES	YES	YES
ADMIT	NO ⁷	Based on LP results ⁵	YES	YES	YES

- ### ⁴LUMBAR PUNCTURE (LP)
- If clinical bronchiolitis, may hold LP unless starting antibiotics
 - 1. CSF Cell count/diff
 - 2. CSF Glucose and protein
 - 3. CSF culture and Gram stain
 - Consider ME PCR panel (meningo-encephalitis)
 - CSF culture preferably not from first tube collected
- If unable to obtain LP or un-interpretable and rest of work-up negative, discuss need for antibiotics with inpatient team

⁵LUMBAR PUNCTURE RESULTS

⁵ LUMBAR PUNCTURE RESULTS	Normal		Abnormal
	OPTION 1	OPTION 2	
ANTI-INFECTIVES ⁶	Yes	No	Yes
ADMIT	No ⁷	Yes	Yes

If CSF pleocytosis (WBC >10): send HSV PCR until 6 weeks of age and start acyclovir; consider MEPCR

- ### ⁶ANTI-INFECTIVES
- If antibiotics to be given, ensure LP is performed prior to administration (except for UTI treatment with PCT <0.5)
- **CefTRIAxone IV**
 - Routine: 75mg/kg
 - If concern for meningitis: 100mg/kg
 - CefTRIAXone may be given IM if unable to obtain IV
 - If concern for **Bacterial** Meningitis add Vancomycin 20mg/kg IV

- ### ⁷DISCHARGE CRITERIA
- Reassess patient. If remains well appearing, non-toxic, feeding well, reliable social situation & assured 24 hour follow-up with PCP or ED/UC, consider discharge home.