### Fever Clinical Practice Guideline 29 - 60 Days

**Emergency Department**

**Description:**

Fever (≥ 38.0°C Rectal at home, in ED or reported from Urgent Care or Primary Care)

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#### 1. Exclusion 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

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#### 2. Additional Tests—Based on Symptoms

- **If lower respiratory symptoms:**
  - Consider chest x-ray
- **If diarrhea:**
  - Consider GI PCR Panel
- **Other Tests (such as RSV, flu test) as per physician discretion**

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#### 3. Abnormal UA

<table>
<thead>
<tr>
<th>Abnormal UA</th>
<th>Positive UA:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive UA:</strong></td>
<td>● WBC ≥ 10 per hpf  or  ● Nitrites Positive or  ● LES ≥ 2+</td>
</tr>
</tbody>
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#### 4. Lumbar 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
  4. Consider enteroviral testing

  **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**

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#### 5. Lumbar Puncture Results

<table>
<thead>
<tr>
<th>Lumbar Puncture Results</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intermediate Risk</strong></td>
<td>OPTION 1</td>
<td>OPTION 2</td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVES</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>ADMIT</strong></td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

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

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#### 6. Anti-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

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#### 7. Discharge 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.