

- CBC with Diff
- Procalcitonin (PCT)
- Blood Cultures
- Urinalysis
- Urine Culture

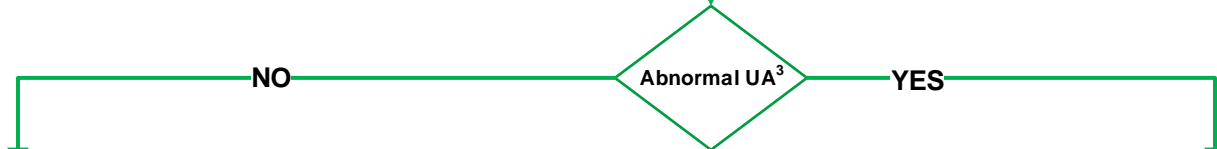
Consider additional testing based on symptoms²

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 RSV, flu test) as per physician discretion



CRITERIA	LOW RISK	INTERMEDIATE RISK	HIGH RISK	³ ABNORMAL UA	
	<ul style="list-style-type: none"> • PCT ≤ 0.5ng/ml • ANC $\leq 4,000$/mm³ 	<ul style="list-style-type: none"> • PCT ≤ 0.5ng/ml • ANC $> 4,000$/mm³ 	<ul style="list-style-type: none"> • PCT > 0.5ng/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 ng/ml	OPTION 2 PCT ≤ 0.5 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 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

⁵LUMBAR PUNCTURE RESULTS

⁵ LUMBAR PUNCTURE RESULTS	Normal		Abnormal
	OPTION 1	OPTION 2	
Intermediate Risk			
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 enteroviral PCR³

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.