**FEVER CLINICAL PRACTICE GUIDELINE 29 - 60 DAYS**

**EMERGENCY DEPARTMENT**

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

---

**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

---

**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

---

**3. ABNORMAL UA**

<table>
<thead>
<tr>
<th>Abnormal UA</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive UA:</td>
<td>PCT &gt; 0.5 ng/ml</td>
<td>PCT ≤ 0.5 ng/ml</td>
</tr>
<tr>
<td>WBC ≥ 10 per hpf</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Nitrites Positive</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>LES ≥ 2+</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

---

**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

---

**5. LUMBAR PUNCTURE RESULTS**

<table>
<thead>
<tr>
<th>Intermediate Risk</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTION 1</td>
<td>PCT &gt; 0.5 ng/ml</td>
<td>OPTION 2</td>
</tr>
<tr>
<td>PCT ≤ 0.5 ng/ml</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>ANTI-INFECTIVES⁶</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>ADMIT</td>
<td>NO⁷</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 PCR³

---

**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

---

**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.

---

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. ©2019 Children’s Healthcare of Atlanta, Inc.