

- 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

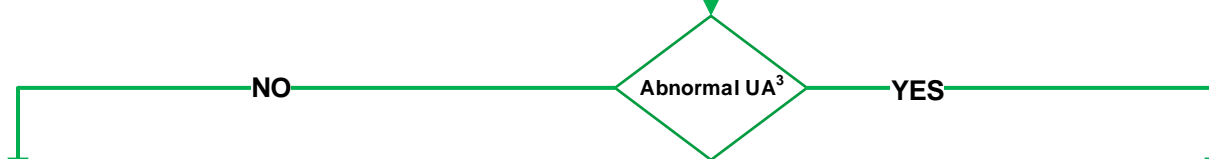
If lower respiratory symptoms:

- 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.