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

**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

**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

**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>PCT ≤ 0.5 ng/ml</td>
</tr>
<tr>
<td>OPTION 2</td>
<td>PCT ≤ 0.5 ng/ml</td>
<td>PCT &gt; 0.5 ng/ml</td>
</tr>
<tr>
<td>ANTI-INFECTIVES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>ADMIT</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

**ABNORMAL UA**

Positive UA:
- WBC ≥ 10 per hpf  or
- Nitrites Positive or
- LES ≥2+

| OPTION 1          | PCT > 0.5 ng/ml | PCT ≤ 0.5 ng/ml |
| OPTION 2          | PCT ≤ 0.5 ng/ml | PCT > 0.5 ng/ml |
| ANTI-INFECTIVES   | YES    | NO       |
| ADMIT             | YES    | YES      |

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

**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.