Triage history consistent with inclusion criteria

**1 INCLUSION CRITERIA**
Febrile (≥ 38.0C Rectal at home or reported from Urgent Care or Primary Care)

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

**3 ABNORMAL LAB TESTS**
Blood:
- WBC >15,000 Or <5,000
- Bands>1,500
- CRP >2mg/dL (if obtained)
Urine:
- >9 WBC hpf (high power field) or
- Nitrites positive or
- LES ≥2+

**4 LUMBAR PUNCTURE (LP)**
- If clinical bronchiolitis, may hold LP, unless starting antibiotics
- If LP performed and shows CSF pleocytosis (≥10 WBC): send HSV PCR until 6 weeks of age; consider enteroviral PCR

**5 ANTI-INFECTIVES**
If antibiotics to be given, ensure LP is performed prior to administration
- CefTRIAXone IV
  - Routine: 75mg/kg
  - If concern for meningitis: 100mg/kg
  - CefTRIAXone may be given IM if unable to obtain IV

**6 ADMISSION**
If unable to obtain LP or un-interpretable and rest of work-up negative, discuss need for antibiotics with inpatient team

=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT