**Triage history consistent with inclusion criteria**

- YES
  - Cardiac monitor
  - HR
  - RR
  - BP
  - Pulse Ox
  - Temperature
  - Notify Attending

- NO
  - Continue treatment as appropriate

**Full set of vital signs:**

- CBC with Diff
- Blood cultures
- Consider CRP
- Consider IV access with blood draw

**Bladder Catheterization:**

- Urinalysis
- Urine culture

**Blood Draw:**

- Consider additional testing based on symptoms

**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. Ensure 24 hr call back.

**Any tests abnormal**

- NO
  - YES

**Lumbar Puncture (LP):**

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

**Consider:**

- 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

**Anti-infectives:**

- CefTRIAXone IV
  - Routine: 75mg/kg
  - If concern for meningitis: 100mg/kg
  - CefTRIAXone may be given IM if unable to obtain IV

**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