



### <sup>1</sup>INCLUSION CRITERIA

Febrile ( $\geq 38.0C$  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

### <sup>2</sup>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

### <sup>3</sup>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  $\geq 2+$

### <sup>4</sup>LUMBAR PUNCTURE (LP)

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

### <sup>5</sup>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

### <sup>6</sup>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