Febrile (≥ 38.0°C Rectal at home or reported from Urgent Care or Primary Care)

INCLUSION 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 weeks gestational age at birth)
- Source of fever present on history or physical exam

EXCLUSION CRITERIA
- Inability to perform LP transfer to the ED PRIOR to giving antibiotics

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

LABS:
- CBC with Diff
- Blood cultures*
- Consider IV access with blood draw

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

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

ANTI-INFECTIVES
- CefTRIAXone IV
  - Routine: 75 mg/kg
  - If concern for meningitis: 100 mg/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
- ME – meningitis-encephalitis PCR PANEL

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient's physician must determine the most appropriate care.