Triage history consistent with fever

No

Continue treatment as appropriate

Yes

Administer antipyretic per Caregiver Initiated Protocol (CIP)

Immunizations up to date?

Yes

Source of fever present?

Yes

Continue treatment as appropriate

UTI screening if indicated

No

No

Temp ≥ 39.0C?

No

Any tests Abnormal?

No

Discharge home:

With instructions for symptomatic relief of fever

Follow up in 24-48 hours with PCP or sooner for worsening symptoms

Yes

Consider CefTRIAXone 50mg/kg IV/IM

If risk of bacteremia; ensure blood culture is done prior to administration

UTI treatment if abnormal UA

If well appearing, may discharge home to follow up within 24 hours with PCP or sooner if worsening symptoms

EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Presenting with seizure
- Petechiae
- Unreliable social situation
- Immunizations within 48 hours

1IMMUNIZATIONS

Up To Date: Has received primary series of pneumococcal and Hib vaccines

2SOURCE OF FEVER

- Well defined viral illness (eg, bronchiolitis, varicella, gingivostomatitis, herpangina, etc)
- Specific bacterial illness (eg, otitis media, etc)
- Well defined bacterial infections (eg, pneumonia, localized infection/cellulitis, etc)

3URINARY TRACT INFECTION (UTI) RISK FACTORS

Females:  
- White race
- Age < 12 months
- Temperature ≥ 39.0C
- Fever ≥ 2 Days
- Absence of another source of infection

Males:  
- Nonblack race
- Temperature ≥ 39.0C
- Fever > 24 hours
- Absence of another source of infection

4PROBABILITY OF UTI

<table>
<thead>
<tr>
<th>Number of Risk Factors Present</th>
<th>Probability of UTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumcised Male</td>
<td>Female</td>
</tr>
<tr>
<td>≤2 risk factors</td>
<td>≤1 risk factor</td>
</tr>
<tr>
<td>≤3 risk factors</td>
<td>≤2 risk factors</td>
</tr>
</tbody>
</table>

In uncircumcised male, probability exceeds 1% even with no risk factors

5ABNORMAL LAB TESTS

Abnormal UA: proceed with Culture by cath

- >9 WBC hpf (high power field) or
- Nitrites positive or
- LES ≥2+

Risk for bacteremia:

- WBC ≥20,000
- Absolute Neutrophil Count ≥10,000

If considering UTI, ensure urine culture is sent from an acceptable specimen

6URINALYSIS WITH REFLEX TO CULTURE

Urinealysis will reflex to culture if:

- WBC ≥ 9 or
- Nitrite positive or
- LES ≥ 2+

7UTI TREATMENT

Inpatient therapy if:

- Ill appearing
- Vomiting
- Unreliable family situation

Outpatient therapy:

- Ceftriaxone 25mg/kg/dose TID x 10 days is drug of choice
- Alternative is 2nd generation cephalosporin, Cefprozil 15mg/kg/dose BID if there is concern with compliance with TID dosing
- Consider 1st dose of antibiotic (cephalexin) before discharge

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. ©2018 Children’s Healthcare of Atlanta, Inc.