**FEVER CLINICAL PRACTICE GUIDELINE 6-24 MONTHS**
**EMERGENCY DEPARTMENT**
**PRESENTING WITH TEMPERATURE ≥ 38.0 C**

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

**IMMUNIZATIONS**
- Up To Date: Has received primary series of pneumococcal and HIB vaccines

**SOURCE 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)

**URINARY 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

**PROBABILITY OF UTI**

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

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

**ABNORMAL 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

**URINALYSIS WITH REFLEX TO CULTURE**
- Urinalysis will reflex to culture if:
  - WBC >9 or Nitrite positive or LES >2+

**UTI TREATMENT**
- Inpatient therapy if:
  - Ill appearing
  - Vomiting
  - Unreliable family situation
- Outpatient therapy:
  - Cefalexin 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 (cefaalexin) before discharge

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**Triage history consistent with fever**

- No → Continue treatment as appropriate

- Yes → Administer antipyretic per Caregiver Initiated Protocol (CIP)

**Immunizations up to date?**

- Yes → Continue treatment as appropriate
  - UTI screening if indicated

- No → Source of fever present?

  - Yes → Continue treatment as appropriate
    - UTI screening if indicated
  
  - 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

    - Yes → UTI treatment if abnormal UA

- Any tests Abnormal?

  - No → If well appearing, may discharge home to follow up within 24 hours with PCP or sooner if worsening symptoms

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

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