Fever Clinical Practice Guideline 6-24 Months
Emergency Department
Presenting with Temperature ≥ 38.0°C

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:
- Age < 12 months
- Temperature ≥ 39.0°C
- Fever ≥ 2 Days
- Absence of another source of infection
Males:
- Temperature ≥ 39.0°C
- Fever > 24 hours
- Absence of another source of infection

Probability of UTI

<table>
<thead>
<tr>
<th>Number of Risk Factors Present</th>
<th>Probability of UTI</th>
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<tbody>
<tr>
<td>Circumcised Male</td>
<td>Female</td>
</tr>
<tr>
<td>≤2 risk factors</td>
<td>≤1 risk factor</td>
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<tr>
<td>≤3 risk factors</td>
<td>≤2 risk factors</td>
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</tbody>
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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
  - Nitrates positive or
  - Lesions ≥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
  - Nitrates positive or
  - Lesions ≥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 (cefalexin) 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.