PRESENTING WITH TEMPERATURE ≥ 38.0 C

- CBC with Diff
- Blood Cultures
- Urinalysis with reflex to Culture
- Other tests as clinically indicated

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

Discharge home:
- With instructions for symptomatic relief of fever
- Follow up in 24-48 hours with PCP or sooner for worsening symptoms

ANTI-INFECTION THERAPY
Consider CefTR/A: Xone 50mg/kg If risk of bacteremia; ensure blood culture is done prior to admin

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

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
Number of Risk Factors Present
Circumised Male Female Probability of UTI
≤ 2 risk factors ≤ 1 risk factor ≤ 1%
≤ 3 risk factors ≤ 2 risk factors ≤ 2%

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 (cefpalexin) before discharge

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