



- CBC with Diff
- Blood Cultures*
- Urinalysis with reflex to Culture*^{4,5,6}
- 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 THERAPY⁷

Consider CefTRIAXone 50mg/kg
If risk of bacteremia; ensure blood culture is done prior to admin

UTI treatment if abnormal UA^{5,6,7}

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 ≥ 39.0 C
- Fever ≥ 2 Days
- Absence of another source of infection

Males:

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

⁴PROBABILITY OF UTI

Number of Risk Factors Present		Probability of UTI
Circumcised Male	Female	
≤ 2 risk factors	≤ 1 risk factor	$\leq 1\%$
≤ 3 risk factors	≤ 2 risk factors	$\leq 2\%$

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 $\geq 2+$

Risk for bacteremia:

- WBC $\geq 20,000$
- Absolute Neutrophil Count $\geq 10,000$

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

⁶URINALYSIS WITH REFLEX TO CULTURE

Urinalysis will reflex to culture if:

- WBC >9 or
- Nitrite positive or
- LES $\geq 2+$

⁷UTI TREATMENT

Inpatient therapy if:

- Ill appearing
- Vomiting
- Unreliable family situation

Outpatient therapy:

- Cephalexin 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