COMMUNITY MEDICAL CENTER

Febrile Infant Pathways (8-60 days)

Inclusion criteria
- Well appearing
- Documented temperature ≥ 100.4°F or ≥ 38°C by history or rectal measure in clinical setting of office or emergency department
- Gestational age at birth ≥37 and <42 weeks
- Age 8-60 days old

Exclusion criteria (If any are true, manage without this pathway!)
- Newborns 0-7 days old post hospital discharge (in this age group, perform full sepsis evaluation and start empiric treatment)
- Born preterm at less than 37 weeks gestation?
- < 2 weeks old with perinatal course complicated by maternal fever, infection or antimicrobial use?
- Febrile infant with high suspicion of HSV infection or vesicles?
- Focal bacterial infection (like cellulitis, omphalitis, septic arthritis, or osteomyelitis)?
- Clinical diagnosis of bronchiolitis, with or without positive RSV result?
- Documented or suspected immune compromise?
- Neonatal course complicated by surgery or infection?
- Congenital or chromosomal abnormalities?
- Medically fragile infant requiring technology or ongoing therapeutic intervention to sustain life?
- Received immunizations within the last 48h?

Infants who *MAY* be included:
- Upper respiratory tract infection symptoms (that are not diagnostic of viral bronchiolitis)
- Diarrhea → stool specimen testing; if negative result, then may use the clinical pathway
- Acute otitis media
- Recent antimicrobial use if current age greater than 2wo
- Positive respiratory viral testing

HSV checklist:
If any are true, proceed to full evaluation and empiric HSV treatment
- ☐ Mother with active HSV lesions
- ☐ Maternal fever 48h before or 48h after delivery
- ☐ Seizures in infant
- ☐ Vesicles on skin, scalp, or mucus membrane exam
- ☐ Hypothermia
- ☐ CSF with pleocytosis for age in absence of positive Gram stain
- ☐ Leukopenia
- ☐ Thrombocytopenia
- ☐ Elevated ALT

Abnormal inflammatory markers:
- ☐ Procalcitonin (PCT) >0.5ng/mL
- ☐ CRP >20mg/L
- ☐ ANC >4000/mm^3

For **CSF** send: cell count, Gram stain, glucose, protein, culture, and if able meningitis/encephalitis PCR panel

HSV studies: CSF PCR; HSV surface swab of conjunctiva, nasopharynx, mouth, and anus for cultures or HSV PCR; HSV blood PCR; and serum alanine aminotransferase (ALT)

Urine testing: *May* collect a clean catch urine for initial testing, but if the UA results are abnormal then a sterile urine specimen via bladder catheterization must be obtained

Abnormal UA would be:
- ☐ +Leukocyte esterase
- ☐ ≥ 5 WBCs/HPF
- ☐ ≥ 10 WBCs/mm^3

Algorithms based on the REVISE collaborative work and updated with 2021 AAP Febrile Neonate Clinical Guideline

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Febrile Infant Pathways

Antimicrobial Treatment

	No focus identified	Bacterial meningitis	Urinary tract infection	If need HSV coverage also
8-21 days old	Ampicillin 50mg/kg Q8h AND either Ceftazidime 50mg/kg Q8h OR Gentamicin 4mg/kg Q24h	Ampicillin 75mg/kg Q6h AND Ceftazidime 50mg/kg Q8h	Ampicillin 50mg/kg Q8h AND either Ceftazidime 50mg/kg Q8h OR Gentamicin 4mg/kg Q24h	ADD Acyclovir 20mg/kg Q8h
22-28 days old	Ceftriaxone 50mg/kg Q24h	Ampicillin 75mg/kg Q6h AND Ceftazidime 50mg/kg Q8h	Ceftriaxone 50mg/kg Q24h	ADD Acyclovir 20mg/kg Q8h
29-60 days old	Ceftriaxone 50mg/kg Q24h	Vancomycin 20mg/kg Q8h AND either Ceftriaxone 50/kg Q**12**h OR Ceftazidime 50mg/kg Q8h	Ceftriaxone 50mg/kg Q24h OR Cephalexin 25mg/kg Q6h OR Cefixime 8mg/kg Q24h	ADD Acyclovir 20mg/kg Q8h

Infants can be observed/monitored at home when <u>ALL</u> of the following are met:

☐ Urinalysis is normal

☐ None of the inflammatory markers obtained are abnormal

☐ CSF analysis is normal or (+) enterovirus

☐ Verbal teaching and written instructions are provided for home monitoring:

- Change in general appearance, i.e. dusky color, respiratory distress, or other distress
- Behavior change, including: lethargy, irritability, inconsolable crying, difficulty consoling/comforting, other distress
- Difficulty feeding
- Vomiting
- Decreased urine output

☐ Follow up plans for reevaluation in 24h are developed

☐ Plans are also outlined in case of change in clinical status, including means of communication between the family and providers and access to emergency medical care

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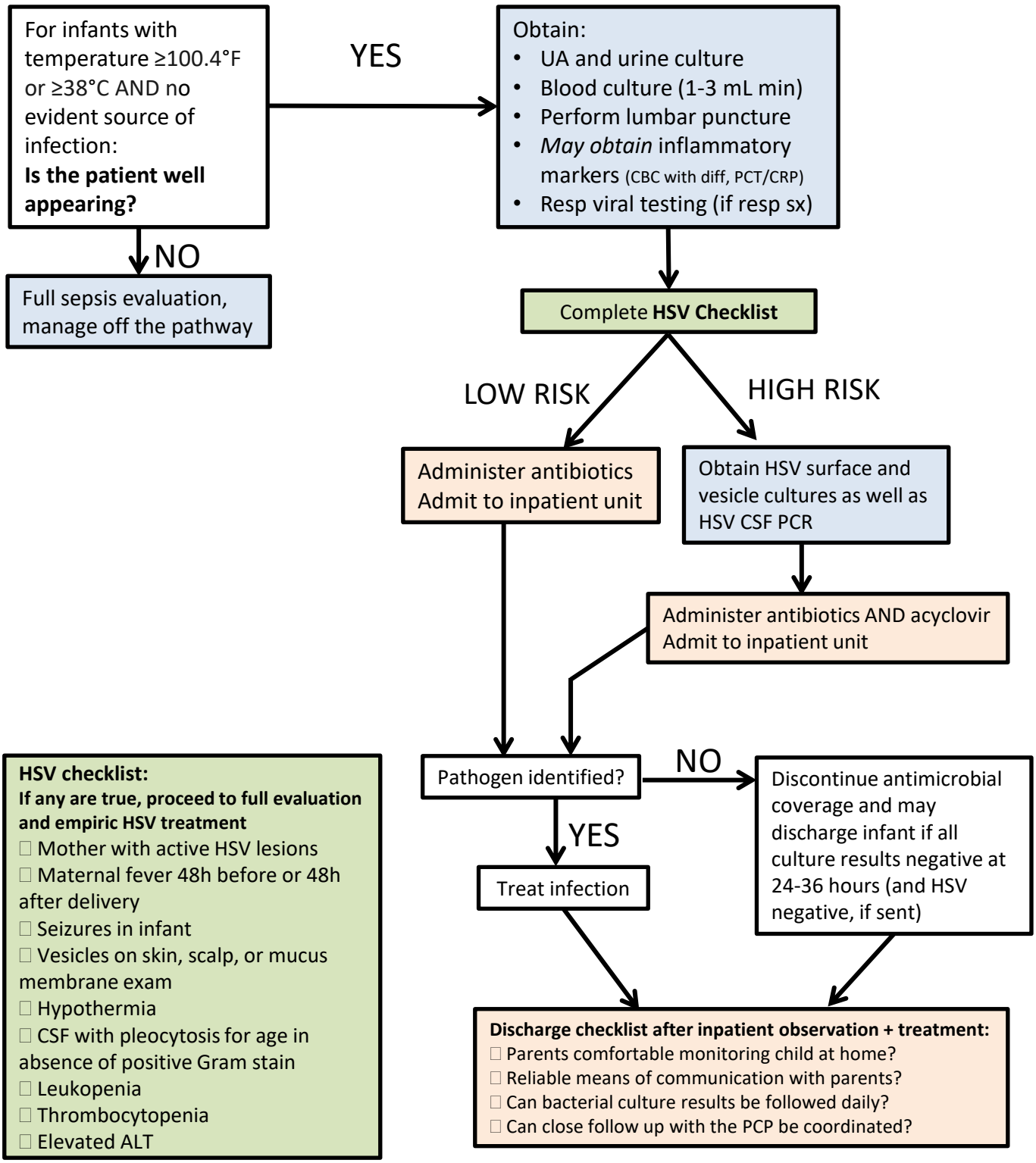
Febrile Neonate Pathway (8-21 days)



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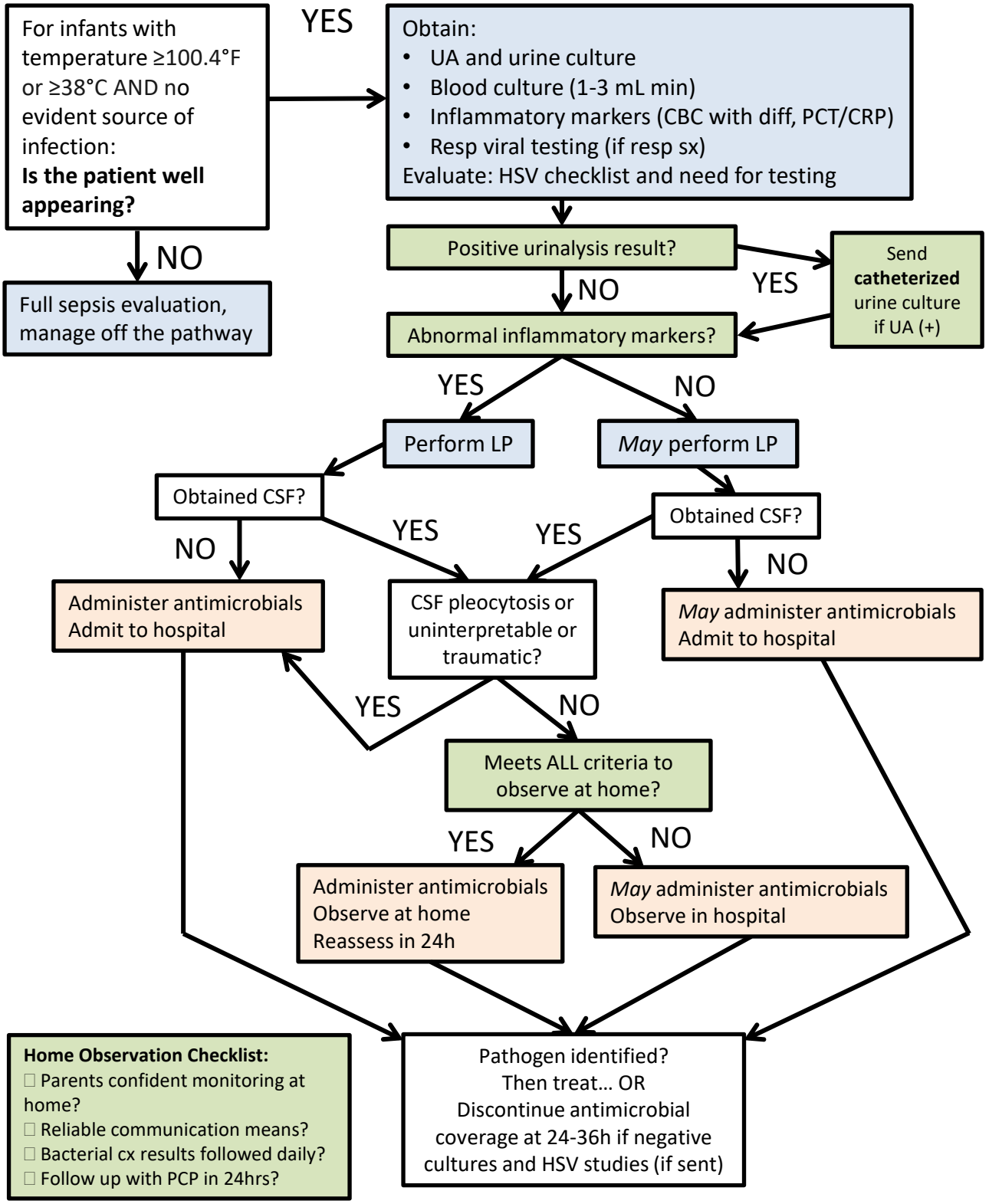
Febrile Neonate Pathway (22-28 days)



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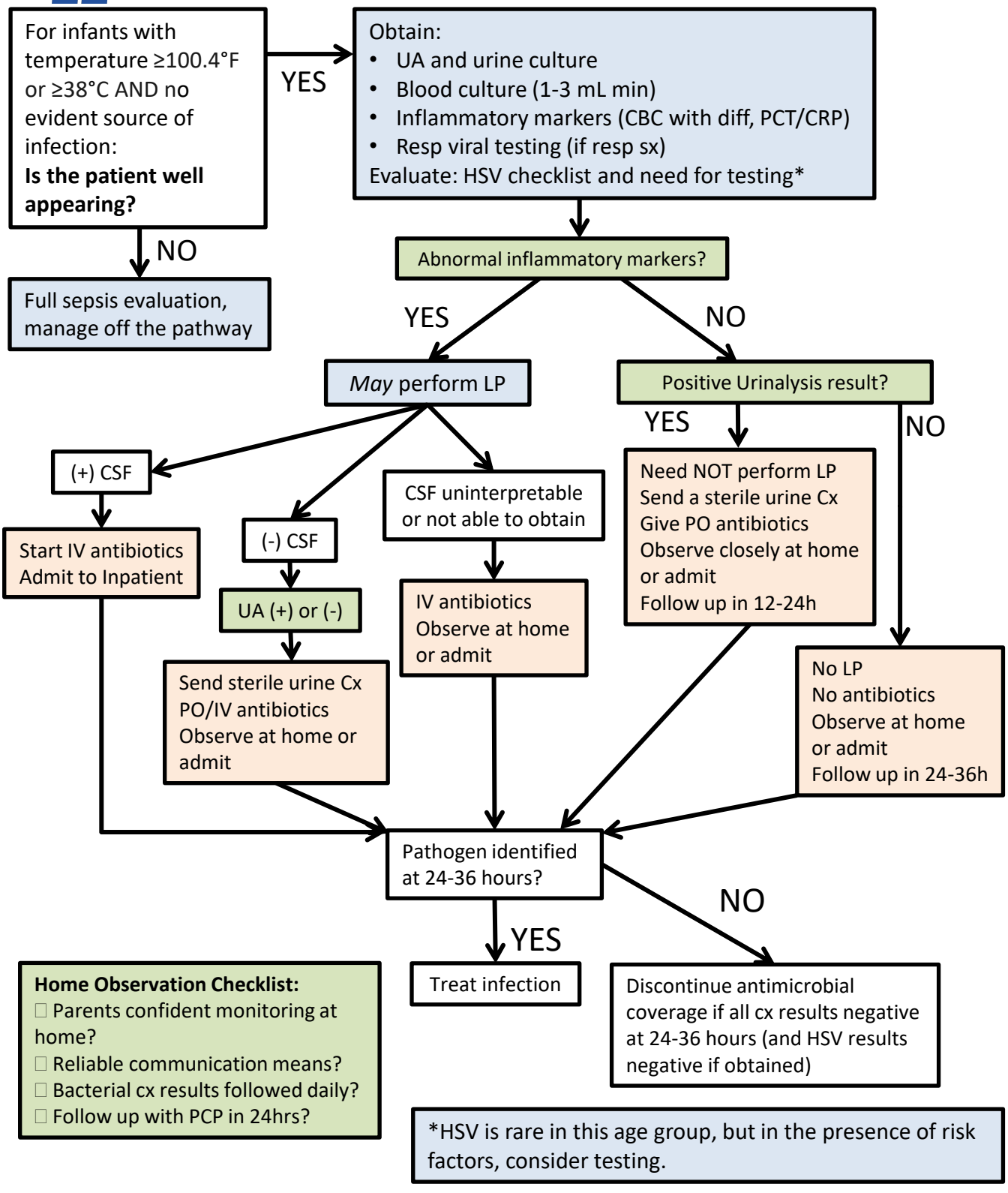
Febrile Infant Pathway (29-60 days)



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