# PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY

# **FEBRILE INFANT: 0-28 DAYS**

(C) BCH Emergency Department





- Age: 0-28 days old
- Full term (≥ 37 weeks)
- Measured rectal temperature ≥38C at home, outpatient, or in ED

#### **Exclusion Criteria:**

- Chronic medical condition
- Antibiotics in prior 72 hours

<sup>1</sup>Antimicrobial selection and dosing reference: BCH Empiric Antimicrobial Therapy Guidelines at **idmp.ucsf.edu** 

## <sup>2</sup>CSF Pleocytosis: ≥ 15 WBC/µL

## <sup>3</sup>HSV Risk Factors:

- Maternal fever or genital HSV lesions within 48h of delivery
- Infant: vesicles, seizures, mucus membrane ulcers, hypothermia
- Leukopenia, thrombocytopenia, and/or elevated ALT
- CSF pleocytosis with non-bacterial profile HSV infection should be considered if <u>any</u> of the above are present

# <sup>4</sup>HSV Evaluation:

- AST/ALT
- Conjunctival, NP, OP HSV PCR swabs
- Vesicle (if present) HSV PCR
- HSV PCR, serum and CSF

#### <sup>5</sup>ED Discharge Criteria:

- Caregiver feels comfortable observing child at home
- Caregiver able to receive communication from hospital
- Tolerating POs (including antibiotics, if indicated)
- Follow-up in place for 12-24 hours

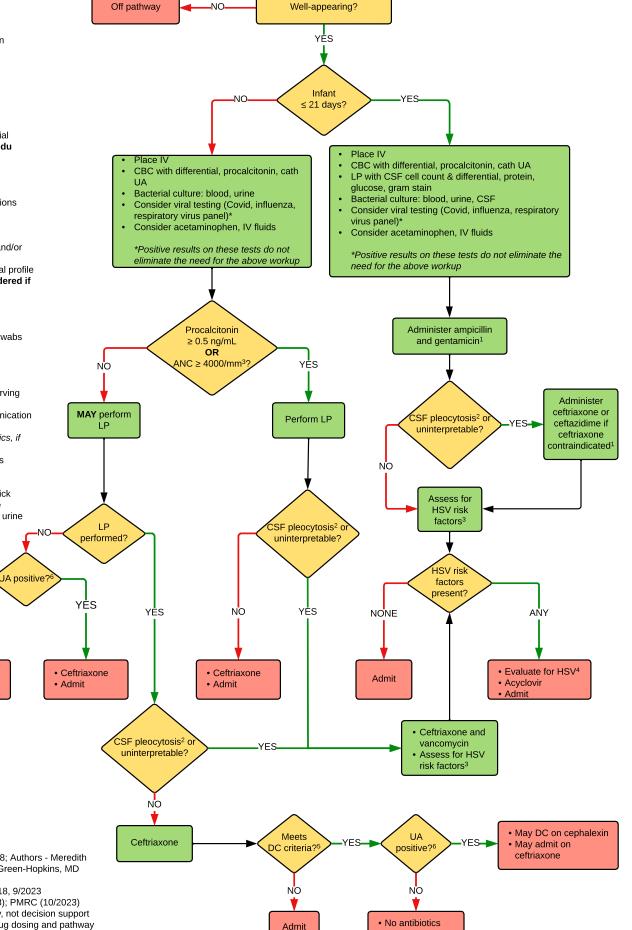
#### <sup>6</sup>Positive UA:

- Any leulkocyte esteraste on dipstick
- > 5 WBC/hpf on centrifuged urine
- > 10 WBC/mm<sup>3</sup> on uncentrifuged urine

NO

No antibiotics

Admit



May DC or admit

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Evidence Review and Updates: 5/2018, 9/2023 Institutional approvals: P&T (10/2023); PMRC (10/2023) Disclaimer: These serve as guides only, not decision support and are not continuously reviewed. Drug dosing and pathway specifics should always be reviewed by prescribers with continuously reviewed sources.