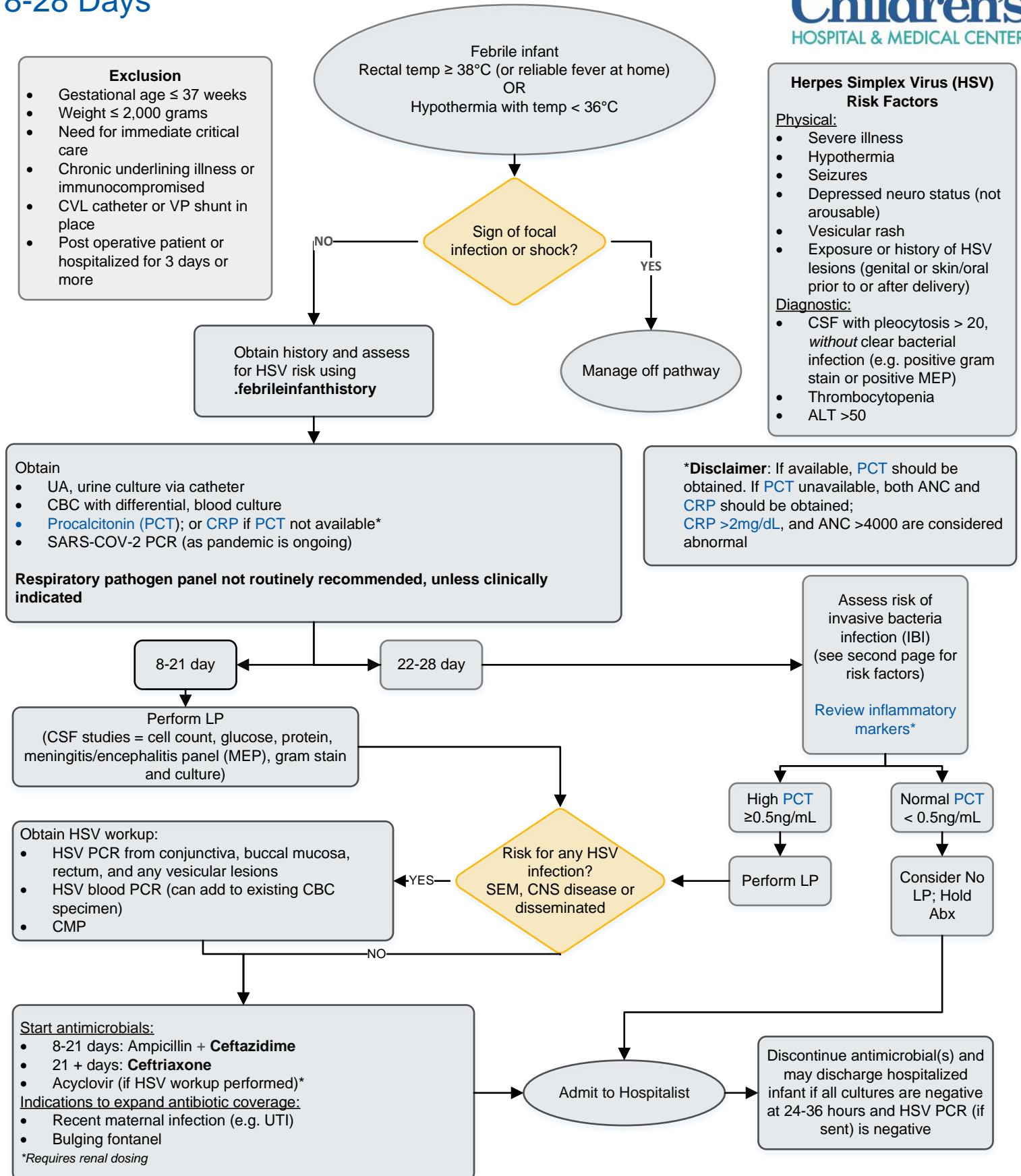


FEBRILE INFANT PATHWAY

8-28 Days



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FEBRILE INFANT PATHWAY

29-60 Days

- Exclusion**
- Gestational age \leq 37 weeks
 - Weight \leq 2,000 grams
 - Need for immediate critical care
 - Chronic underlying illness or immunocompromised
 - CVL catheter or VP shunt in place
 - Post operative patient or hospitalized for 3 days or more

Febrile infant
Rectal temp \geq 38°C (or reliable fever at home)
OR
Hypothermia with temp $<$ 36°C

Sign of focal infection or shock?
If high suspicion of bronchiolitis continue pathway

- Herpes Simplex Virus (HSV) Risk Factors**
- Physical:
- Severe illness
 - Hypothermia
 - Seizures
 - Depressed neuro status (not arousable)
 - Vesicular rash
 - Exposure or history of HSV lesions (genital or skin/oral prior to or after delivery)
- Diagnostic:
- CSF with pleocytosis $>$ 20, *without* clear bacterial infection (e.g. positive gram stain or positive MEP)
 - Thrombocytopenia
 - ALT $>$ 50

Obtain history and assess for HSV risk using **.febrileinfanthistory**

Manage off pathway

- Obtain
- UA with reflex to culture via catheter
 - CBC with differential, blood culture
 - **Procalcitonin (PCT)**; or **CRP** if **PCT** unavailable
 - SARS-COV-2 PCR (as pandemic is ongoing)
- Respiratory pathogen panel not routinely recommended, unless clinically indicated**

- Risk Factors for Invasive Bacterial Infection (IBI)**
- Ill-appearing
 - Previously hospitalization or prolonged nursery course
 - **Procalcitonin \geq 0.5ng/mL** OR **ANC $>$ 4,000** and **CRP \geq 2mg/dL**
 - Fever \geq 38.5
 - If CXR performed, discrete infiltrates present
 - Prior antibiotic use
- ANY positive criteria equals High Risk**

Review risk criteria and UA

- Low Risk; No indication for admission
- Low risk with normal UA; Need admission for bronchiolitis
- Low risk with abnormal UA

- No antimicrobials and assure close PCP follow-up within 24 hours
- No antimicrobials if meets low risk criteria
- May consider LP Start Ceftriaxone; Non-meningitic dosing

Discharge

Admit to Hospitalist

- High Risk for IBI**
- Perform LP: CSF studies (cell count, glucose, protein, meningitis/encephalitis panel (MEP), gram stain and culture)
 - Start ceftriaxone (meningitic dosing)
- If Risk for HSV or CSF with pleocytosis $>$ 20 without clear bacterial infection add:
- HSV PCR from conjunctiva, buccal mucosa, rectum, and any vesicular lesions
 - HSV blood PCR (can add to existing CBC specimen)
 - CMP
 - Start Acyclovir

Discontinue antimicrobial(s) and may discharge hospitalized infant if all cultures are negative at 24-36 hours and HSV PCR (if sent) is negative

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FEBRILE INFANT PATHWAY:

Medication Dosing



*Only applies to patients \geq 37 weeks gestation at birth

Febrile Infant: Antibiotic Dosing 8-21 days

- Acyclovir: 20mg/kg IV every 8hr^{1,2}
- Ampicillin: 75mg/kg IV every 6hr^{1,2}
- CefTAZidime: 50mg/kg q8hr^{1,2}

These antibiotics require renal dosing

References:

1. Lexicomp Online, Pediatric and Neonatal Lexi-Drugs Online, Hudson, Ohio: UpToDate, Inc.; 2020; accessed: 8/26/2020
2. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com/> (accessed: 8/26/2020).

Febrile Infant: Antibiotic Dosing 22-60 days

- Acyclovir: 20mg/kg IV every 8hr^{1,2}
- CefTRIAxone: 50mg/kg IV every 12hr (CNS infection)¹
50-75mg/kg IV every 24hr (non-CNS infection)¹

References:

1. Lexicomp Online, Pediatric and Neonatal Lexi-Drugs Online, Hudson, Ohio: UpToDate, Inc.; 2020; accessed: 8/26/2020
2. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com/> (accessed: 8/26/2020)

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FEBRILE INFANT PATHWAY:

Glossary



- ABX:** Antibiotics
- ALT:** Alanine transaminase
- ANC:** Absolute neutrophil count
- CBC:** Complete blood count
- CMP:** Comprehensive metabolic panel
- CNS:** Central nervous system
- CRP:** C-reactive protein test
- CSF:** Cerebrospinal fluid
- CVL:** Central venous line
- CXR:** Chest X-ray
- HSV:** Herpes simplex virus
- IBI:** Invasive bacterial infection
- IM:** Intramuscular
- LP:** Lumbar puncture
- MEP:** Meningitis/encephalitis panel
- PCR:** Polymerase chain reaction
- SEM:** Skin, eye, and mouth
- PCT:** Procalcitonin
- UA:** Urinalysis
- VPS:** Ventriculoperitoneal shunt

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