

Well-Appearing Febrile Infants 22-28 days

This pathway is for infants who are:

- Well-appearing
- Full Term
- Without chronic medical conditions
- Do NOT have an evident source of infection

22-28 days old
temperature ≥ 38.0 C, well-appearing, no evident source of infection

Obtain cath urinalysis/urine culture*, blood culture, CMP & inflammatory markers (CRP, procalcitonin, ANC)

Abnormal inflammatory markers:

- Temp >38.5 C
- Procalcitonin >0.5 ng/ml
- CRP > 2 mg/dL
- ANC > 4 k/mL

Send HSV studies

- HSV CSF PCR
- HSV surface swabs (mouth, nasopharynx, conjunctivae, anus)
- HSV blood PCR

Increased HSV risk?

Concerning history, hypothermia, seizures, vesicular rash/mucous membrane ulcers, CSF pleocytosis (>18 in 0-28d), elevated LFTs $>3x$ upper limit of normal, thrombocytopenia, leukopenia

Perform LP

CSF obtained?

No

1. Administer parenteral antimicrobials (including acyclovir if indicated) if LP done.
2. Observe in hospital.

Shared Decision-Making (SDM) Dot Phrases:

- .Febrileinfantdispo
- .Febrileinfantfollowup
- .FebrileinfantIVpo
- .Febrileinfantlp

No

Abnormal inflammatory markers?
Or suspect UTI?

Yes

Perform LP

CSF obtained?

No

1. Administer parenteral antimicrobials (including acyclovir if indicated) if LP done.
2. Observe in hospital.

Yes

CSF pleocytosis, uninterpretable, or "traumatic"?

Yes

No

Observation at home? (SDM)

Yes

1. Give parenteral antibiotics in ED
2. Observe at home.
3. Must follow up w/ PCP 24 hours

Pathogen or source identified?

Yes

No

Treat infection

Discontinue antibiotics and discharge (if hospitalized) if all culture results are negative at 24-36 hours and HSV negative (if sent).

May perform LP (SDM)

CSF obtained?

No

1. May administer parenteral antibiotics if LP done.
2. Observe in hospital.

No

*option to get bag UA and collect cath urine culture only if UA abnl

Initial Empirical Antibacterial Therapy for Well-Appearing Febrile Infants 8 to 60 Days Old

Suspected Source of Infection	8–21 d Old	22–28 d Old	29–60 d Old
UTI ^a	Ampicillin IV or IM (150 mg/kg per d divided every 8 h) and either ceftazidime IV or IM (150 mg/kg per d divided every 8 h) or gentamicin IV or IM (4 mg/kg per dose every 24 h)	Ceftriaxone IV or IM (50 mg/kg per dose every 24 h)	Ceftriaxone IV or IM (50 mg/kg/dose every 24 h). Oral medications for infants older than 28 d. ^b Cephalexin 50–100 mg/kg per d in 4 doses or cefixime 8 mg/kg per d in 1 dose
No focus identified ^c	Ampicillin IV or IM (150 mg/kg per d divided every 8 h) and either ceftazidime IV or IM (150 mg/kg per d divided every 8 h) or gentamicin IV or IM (4 mg/kg per dose every 24 h) ^d	Ceftriaxone IV or IM (50 mg/kg per dose every 24 h)	Ceftriaxone IV or IM (50 mg/kg/dose every 24 h)
Bacterial meningitis ^e	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and ceftazidime IV or IM (150 mg/kg per d divided every 8 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and ceftazidime IV or IM (150 mg/kg per d divided every 8 h)	Ceftriaxone IV (100 mg/kg or d once daily or divided every 12 h) or Ceftazidime IV (150 mg/kg or d divided every 6 h) and vancomycin ^f IV (60 mg/kg or d divided every 8 h)