

Well-Appearing Febrile Infants 29-60 days

This pathway is for infants who are:

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

29-60 days old
temperature ≥ 38.0 C, well-appearing, no evident source of infection

Obtain cath urinalysis/urine culture*, blood culture, and 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

Increased HSV risk? (rare in this age group when well)

Concerning history, hypothermia, seizures, vesicular rash/mucous membrane ulcers, CSF pleocytosis (> 9 in > 28 d), elevated LFTs > 3 x upper limit of normal (if obtained), thrombocytopenia, leukopenia

Send HSV studies

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

Yes

May perform LP.

Abnormal inflammatory markers?

Positive urinalysis?
 +LE or > 5 WBC/hpf

CSF Positive

CSF Negative
 (UA+ or -)

CSF not available or uninterpretable
 (UA+ or -)

1. Need not perform LP.
2. Administer oral antibiotics (SDM).
3. May observe closely at home.
4. Follow up in 12 to 24 hours.

1. May give parenteral or oral antibiotics.
2. May observe closely in hospital or home.

1. Administer parenteral antibiotics only if UA+.
2. May observe closely in hospital or home.

1. Need not perform LP.
2. Need not administer antibiotics.
3. Observe closely at home.
4. Follow up within 24 hours.

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

Pathogen or source identified?

Source limited to urine?

Yes

No

1. Complete treatment with oral antibiotics.
2. Discharge if hospitalized.

Treat infection

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

Shared Decision-Making (SDM) Dot Phrases:

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

*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)