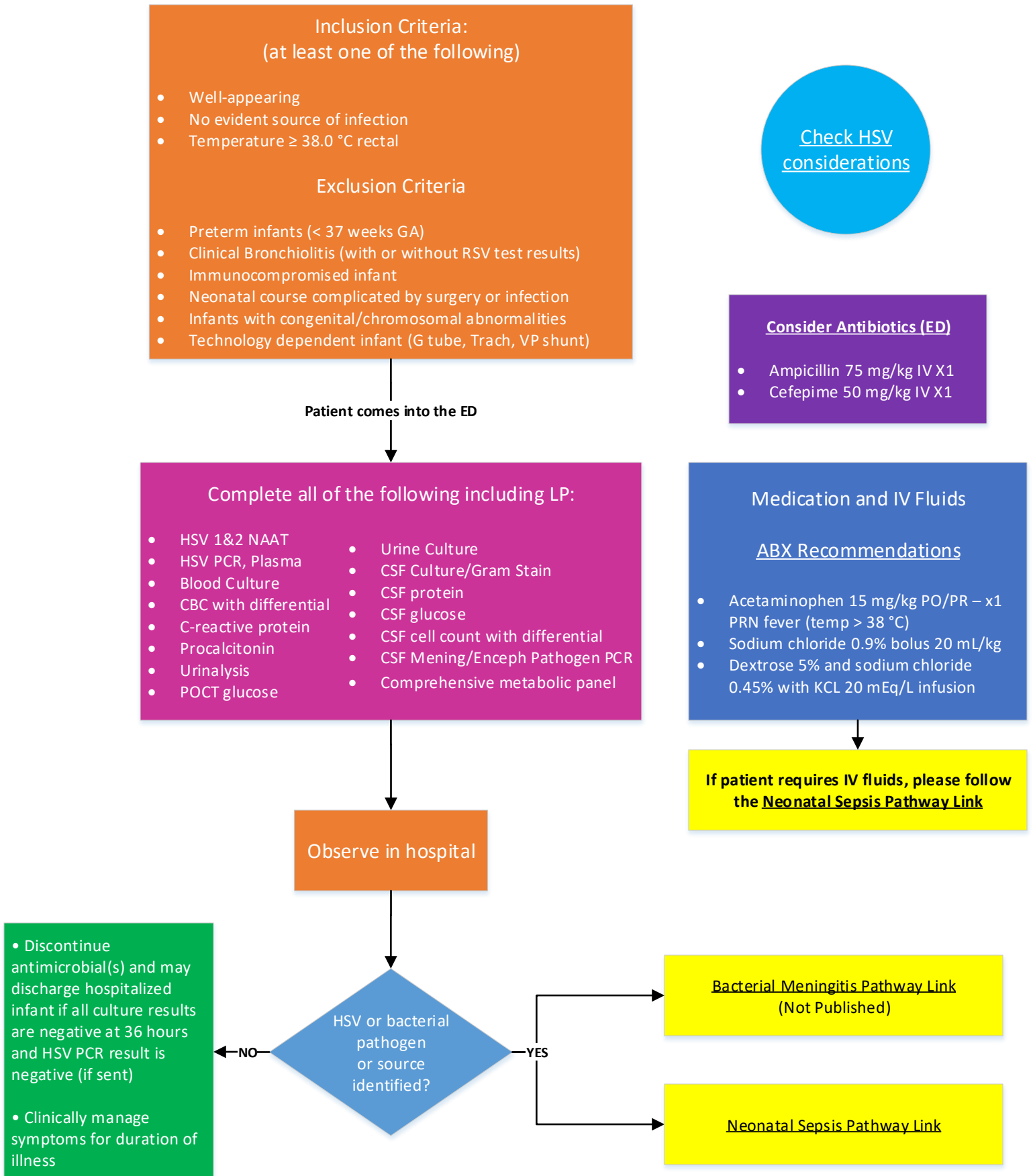


# Well-Appearing Infant with Fever: 8-21 Days Old

Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider's (LIP) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient's care is individualized according to specific needs.



# Well-Appearing Infant with Fever: 22-28 Days Old

**Inclusion Criteria**

- Well-appearing
- No evident source of infection
- Temperature  $\geq 38.0^{\circ}\text{C}$

**Exclusion Criteria**

- Preterm infants (< 37 weeks GA)
- Bronchiolitis (with or without RSV test results)
- Immunocompromised infant
- Neonatal course complicated by surgery or infection
- Infants with congenital/chromosomal abnormalities
- Technology dependent infant (G tube, Trach, VP shunt)

Check HSV considerations

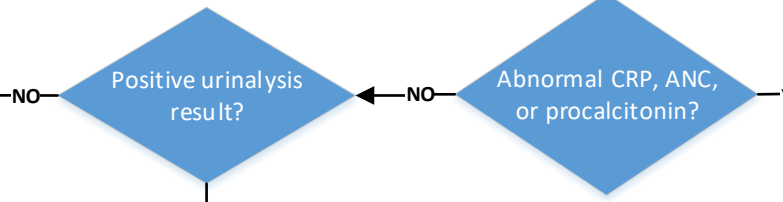
Patient in ED

- Obtain:
- Blood Culture
  - CBC with differential
  - C-reactive protein
  - CMP
  - Procalcitonin
  - Urinalysis
  - Urine Culture
  - HSV 1&2 NAAT
  - HSV PCR, Plasma
  - POCT glucose

- Medications/IV Fluids
- Acetaminophen 15 mg/kg PO/PR x1 PRN fever (temp > 38 °C)
  - Sodium chloride 0.9% bolus 20 mL/kg
  - Dextrose 5% and sodium chloride 0.45% with KCL 20 mEq/L infusion

If patient requires IV fluids, please follow the [Neonatal Sepsis Pathway Link](#)

- Observe closely at home
- Follow-up from AC to patient caregivers for positive cultures
- PCP follow-up within 24 to 48 hours



Perform LP

- Admitted to hospital**
- Administer antimicrobial(s)
  - Observe in hospital
  - Follow urine culture results

- Studies to be obtained if needed:
- Lumbar Puncture Prep
  - CSF Culture/Gram Stain
  - CSF protein
  - CSF glucose
  - CSF cell count with differential
  - CSF Mening/Enceph Pathogen PCR

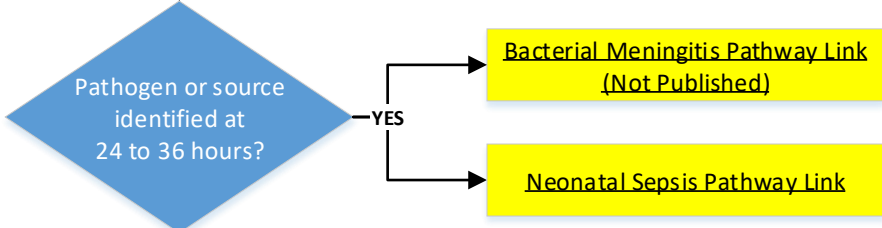
- If LP attempted and unsuccessful:**
- Send any CSF obtained for Cx
  - Repeat LP within 24 hours if possible
  - Admit
  - No antibiotics unless ill-appearing
- If caregiver refuses LP:**
- Diagnostic tests almost never are obtained by court order
  - Admit
  - No antibiotics unless ill-appearing

- Admit off antimicrobials
- Observe in hospital
- Trend labs

- Observe in hospital off antimicrobial(s)

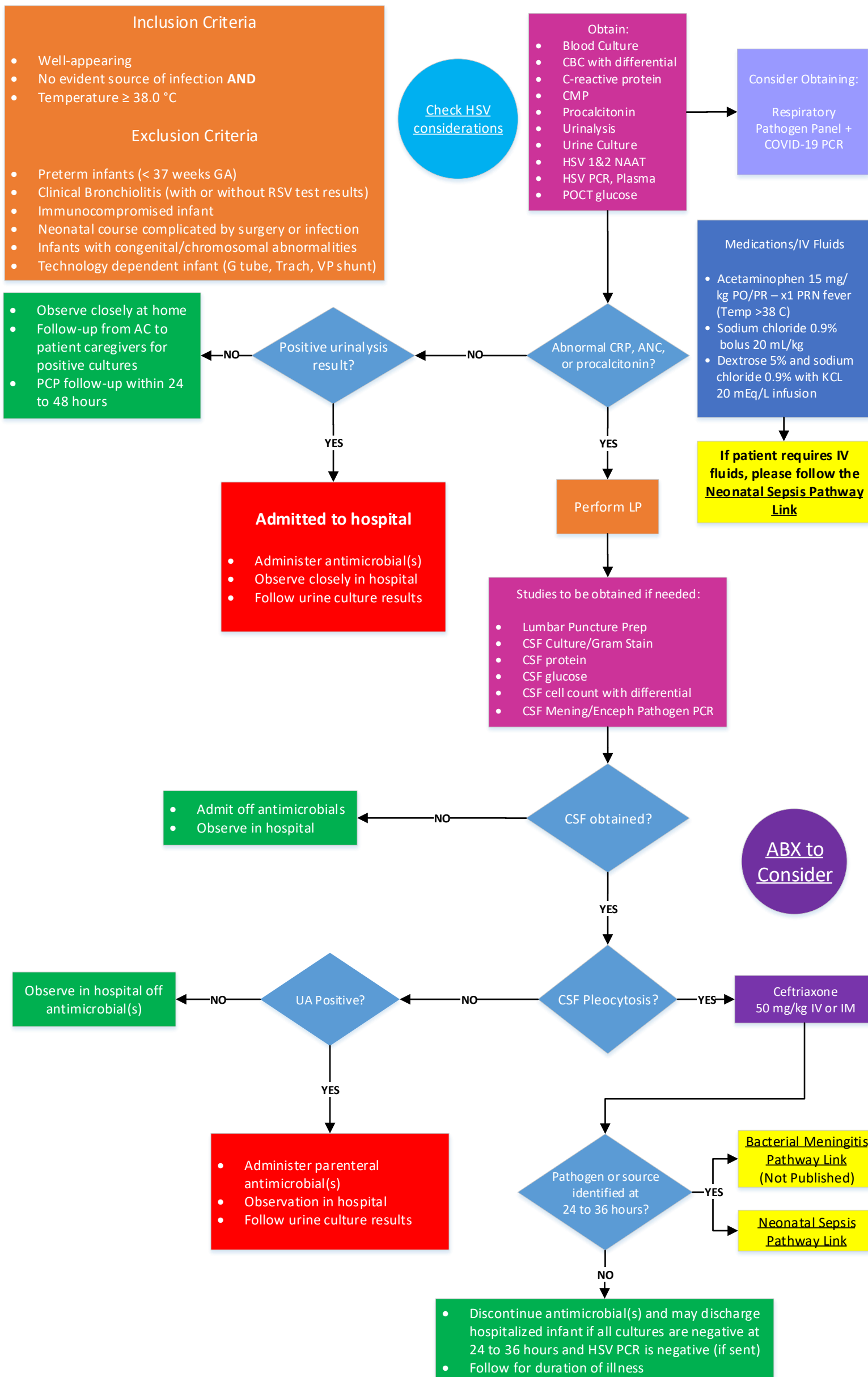
- Administer antimicrobial(s)
- Observe in hospital
- Follow urine culture results

ABX to Consider



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

# Well-Appearing Infant with Fever: 29-60 Days Old



# HSV Considerations

**HSV should be considered when any of the following are present:**

- There is a maternal history of genital HSV lesions or fevers from 48 hours before to 48 hours after delivery
- Vesicles
- Seizures
- Hypothermia
- Mucous membrane ulcers
- CSF pleocytosis in the absence of a positive Gram stain result
- Leukopenia
- Thrombocytopenia
- Elevated ALT levels

Administer Acyclovir 20 mg/kg IV  
every 8 hours if HSV is suspected or confirmed

[Return to 8 – 21 Pathway](#)

[Return to 22 – 28 Pathway](#)

[Return to 29 – 60 Pathway](#)

# Empirical Antibacterial Therapy for Well-Appearing Febrile Infants

## ED ABX Dosing Recommendations

8 – 21 Day Old	22 – 28 Day	29 – 60 Day
Ampicillin IV or IM (75 mg/kg/dose X 1) <b>AND</b> Cefepime IV (50 mg/kg/dose X 1)	Ampicillin IV or IM (75 mg/kg/dose X 1) <b>AND</b> Cefepime IV (50 mg/kg/dose X 1)	Ceftriaxone IV or IM (50mg/kg/dose X 1)

## Inpatient ABX Dosing Recommendations

8 – 21 Day Old	22 – 28 Day	29 – 60 Day
Ampicillin IV or IM (75 mg/kg/dose Q6) <b>AND</b> Cefepime IV (50 mg/kg/dose Q12)	Ampicillin IV or IM (75 mg/kg/dose Q6) <b>AND</b> Cefepime IV (50 mg/kg/dose Q12)	Ceftriaxone IV or IM (50mg/kg/dose Q12)

[Return to 8 – 21 Pathway](#)

[Return to 22 – 28 Pathway](#)

[Return to 29 – 60 Pathway](#)

# Metrics

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# References

Pantel, R.H.I, Roberts, K.B., Adams, W.G., Dreyer, B.P., Kuppermann, K., O'Leary, S.T., Okechukwu, K., Woods, C.R., Byington, C.L., Lavelle, J.M., Lye, P.S., Macy, M.L., Munoz, F.M, Nelson, C.E., Pearson, S.J., Powell, K.R., Teichman, J.S. (2021). Subcommittee On febrile infants, evaluation and management of well-appearing febrile infants 8 to 60 days old. *Pediatrics*. 148 (2). e2021052228. 10.1542/peds.2021-052228