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

Inclusion Criteria:
(at least one of the following)
- Well-appearing
- No evident source of infection
- Temperature ≥ 38.0 °C rectal

Exclusion Criteria
- Preterm infants (< 37 weeks GA)
- Clinical 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

Medication and IV Fluids
ABX Recommendations
- 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

Consider Antibiotics (ED)
- Ampicillin 75 mg/kg IV X1
- Cefepime 50 mg/kg IV X1

Patient comes into the ED

Complete all of the following including LP:
- HSV 1&2 NAAT
- HSV PCR, Plasma
- Blood Culture
- CBC with differential
- C-reactive protein
- Procalcitonin
- Urinalysis
- POCT glucose
- Urine Culture
- CSF Culture/Gram Stain
- CSF protein
- CSF glucose
- CSF cell count with differential
- CSF Mening/Enceph Pathogen PCR
- Comprehensive metabolic panel

Observe in hospital

HSV or bacterial pathogen or source identified?

- YES
- Bacterial Meningitis Pathway Link (Not Published)

- NO
- Neonatal Sepsis Pathway Link

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.

- Discontinue antimicrobial(s) and may discharge hospitalized infant if all culture results are negative at 36 hours and HSV PCR result is negative (if sent)
- Clinically manage symptoms for duration of illness
Well-Appearing Infant with Fever: 22-28 Days Old

Inclusion Criteria
- Well-appearing
- No evident source of infection
- Temperature ≥ 38.0 °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)

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

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

If caregiver refuses LP:
- Diagnostic tests almost never are obtained by court order
- Admit
- No antibiotics unless ill-appearing

If patient requires IV fluids, please follow the Neonatal Sepsis Pathway Link

Acetaminophen 15 mg/kg PO/PR x 1 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 LP attempted and unsuccessful:
- Send any CSF obtained for Cx
- Repeat LP within 24 hours if possible
- Admit
- No antibiotics unless ill-appearing

If patient requires IV fluids, please follow the Neonatal Sepsis Pathway Link

Medications/IV Fluids

Abnormal CRP, ANC, or procalcitonin?
- Perform LP

CSF obtained?
- CSF Pleocytosis?
- Perform LP

Pathogen or source identified at 24 to 36 hours?

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

If patient requires IV fluids, please follow the Neonatal Sepsis Pathway Link

Bacterial Meningitis Pathway Link (Not Published)

Neonatal Sepsis Pathway Link

Positive urinalysis result?
- Admit to hospital

Abnormal UA, or procalcitonin?
- Admit to hospital

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

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

Hospital Admitted to hospital

Observe in hospital off antimicrobial(s)

Positive urinalysis result?
- Admit to hospital

Abnormal CRP, ANC, or procalcitonin?
- Perform LP

CSF obtained?
- CSF Pleocytosis?
- Perform LP

Pathogen or source identified at 24 to 36 hours?

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

If patient requires IV fluids, please follow the Neonatal Sepsis Pathway Link

Bacterial Meningitis Pathway Link (Not Published)

Neonatal Sepsis Pathway Link

UA Positive?
- Observe in hospital off antimicrobial(s)

Observe in hospital off antimicrobial(s)
Well-Appearing Infant with Fever: 29-60 Days Old

Inclusion Criteria
- Well-appearing
- No evident source of infection AND
- Temperature ≥ 38.0°C

Exclusion Criteria
- Preterm infants (< 37 weeks GA)
- Clinical 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

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

Consider Obtaining:
- Respiratory Pathogen Panel + COVID-19 PCR

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 0.9% 0.0% with KCL 20 mEq/L infusion

If patient requires IV fluids, please follow the Neonatal Sepsis Pathway Link

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

ABX to Consider

Ceftriaxone 50 mg/kg IV or IM

Bacterial Meningitis Pathway Link
- (Not Published)

Neonatal Sepsis Pathway Link

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
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 strain 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

<table>
<thead>
<tr>
<th>8 – 21 Day Old</th>
<th>22 – 28 Day</th>
<th>29 – 60 Day</th>
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<tbody>
<tr>
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### Inpatient ABX Dosing Recommendations

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Return to 8 – 21 Pathway

Return to 22 – 28 Pathway

Return to 29 – 60 Pathway
Metrics

CE&O Tracking Metrics
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