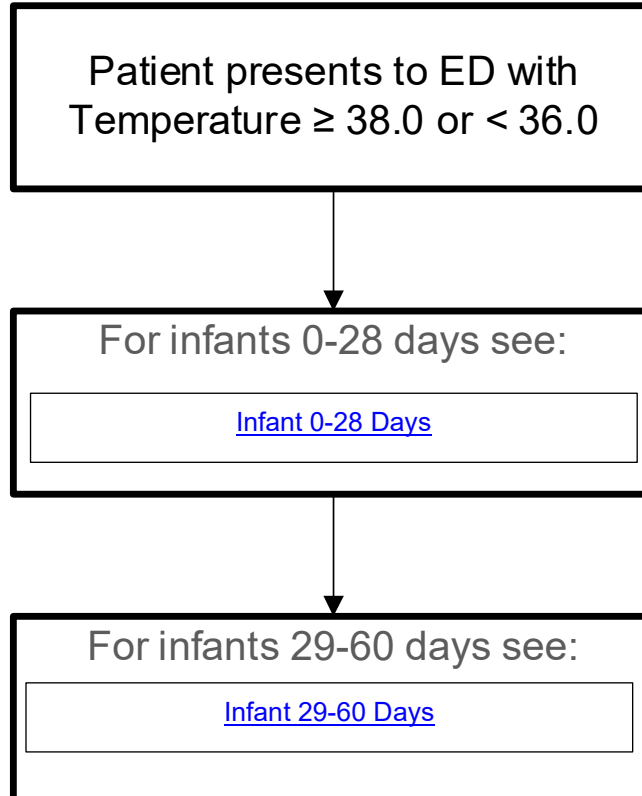


Guideline: Pediatric Febrile Infant 0-60 days, Inpatient

Last updated: 4/28/2021

Clinical algorithm:



Clinical guideline summary

CLINICAL GUIDELINE NAME: Febrile Neonatal 0-60 days

PATIENT POPULATION AND DIAGNOSIS: Infants ≤ 60 Days

APPLICABLE TO: Helen DeVos Children's Hospital, SH Regional Hospitals

BRIEF DESCRIPTION: This clinical practice guideline applies to the initial evaluation and management of infants less than 60 days with fever.

TEAM LEADER(S): Erica Michiels, Andrea Hadley, Rosey Olivero, and Nicole Kalinowski

OWNING EXPERT IMPROVEMENT TEAM (EIT): Inpatient Pediatric Clinical Practice EIT

MANAGING CLINICAL PRACTICE COUNCIL (CPC): Children's Health CPC

CPC APPROVAL DATE: 6/17/2021

OTHER TEAM(S) IMPACTED (Example: other CPCs, anesthesia, nursing, radiology, etc.):
Nursing, Pharmacy, Infectious disease

IMPLEMENTATION DATE: 6/18/2021

LAST REVISED: 4/28/2021

FOR MORE INFORMATION, CONTACT: Erica Michiels

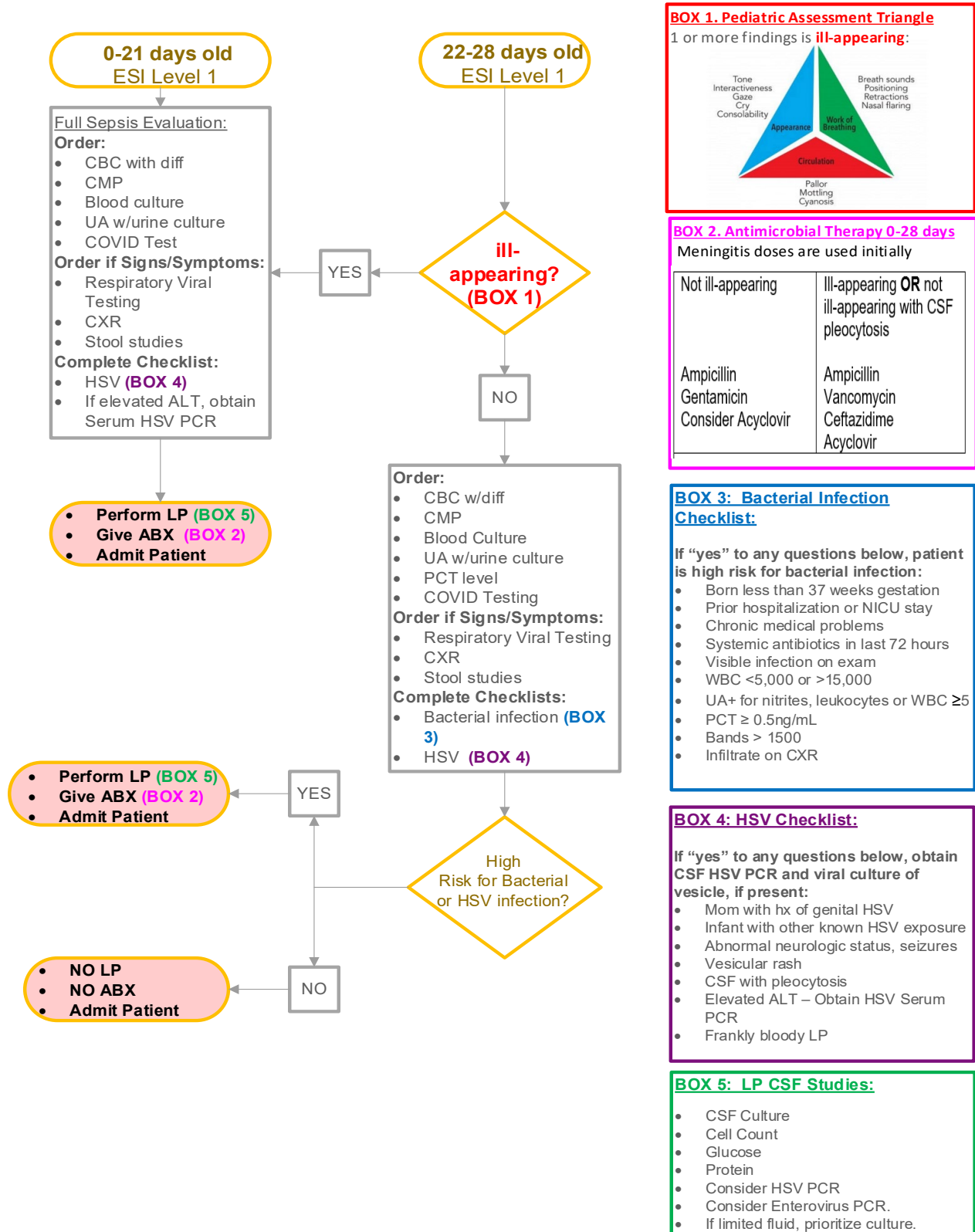
Clinical pathways clinical approach

TREATMENT AND MANAGEMENT:

Infant 0-28 Days

Febrile Neonatal Guideline 0-28 Days

Measured temperature at home or in the ED ≥ 38.0 or < 36.0



Infant 29-60 Days

Febrile Neonatal Guideline 29-60 Days

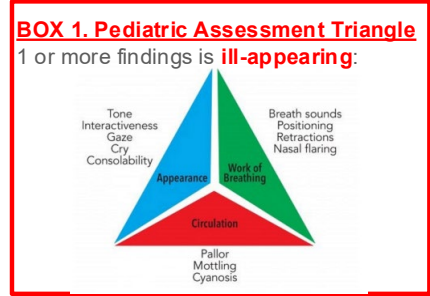
Measured temperature at home or in the ED ≥ 38.0 or < 36.0

29-60 days old
Minimally ESI Level 2

- Order:**
- CBC w/diff
 - CMP
 - Blood Culture
 - UA w/urine culture
 - PCT level
 - COVID Testing
- Order if Signs/Symptoms:**
- Respiratory Viral Testing
 - CXR
 - Stool studies
- Complete Checklists:**
- Bacterial infection (BOX 3)
 - HSV up to 42 days (BOX 4)

Patient presents with clinical **Bronchiolitis:**

- Obtain urine, blood, & respiratory viral testing
- Disposition based on clinical judgement for bronchiolitis



BOX 2. Antimicrobial Therapy 29-60 days

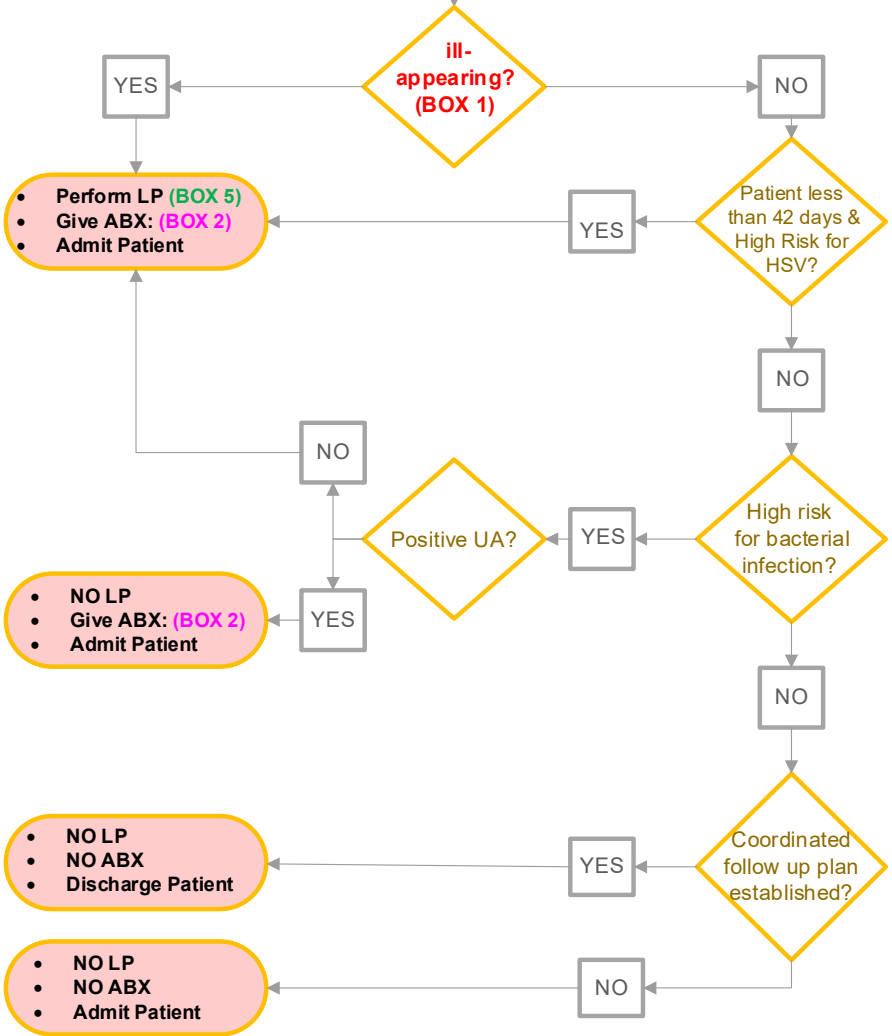
Meningitis doses are used initially

Not ill-appearing	Ill-appearing OR not ill-appearing with CSF pleocytosis
Ampicillin	Vancomycin
Gentamicin	Ceftazidime
Consider Acyclovir	Acyclovir

- BOX 3: Bacterial Infection Checklist:**
- If "yes" to any questions below, patient is high risk for bacterial infection:
- Born less than 37 weeks gestation
 - Prior hospitalization or NICU stay
 - Chronic medical problems
 - Systemic antibiotics in last 72 hours
 - Visible infection on exam
 - WBC $< 5,000$ or $> 15,000$
 - UA+ for nitrates, leukocytes or WBC > 5
 - PCT $\geq 0.5\text{ng/mL}$
 - Bands > 1500
 - Infiltrate on CXR

- BOX 4: HSV Checklist (up to 42 days):**
- If "yes" to any questions below, obtain CSF HSV PCR and viral culture of vesicle, if present.
- Mom with hx of genital HSV
 - Infant with other known HSV exposure
 - Abnormal neurologic status, seizures
 - Vesicular rash
 - CSF with pleocytosis
 - Elevated ALT
 - Frankly bloody LP

- BOX 5: LP CSF Studies:**
- CSF Culture
 - Cell Count
 - Glucose
 - Protein
 - Consider HSV PCR
 - Consider Enterovirus PCR.
 - If limited fluid, prioritize culture.



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