Evaluation of the Febrile Infant

**Primary Definition:** Temperature ≥ 100.4°F taken rectal at ANY time (Includes fever measured prior to arrival by caregiver, clinic, etc.)*

**Full Sepsis Workup:**
- CBC, CMP, Blood Cx, formal UA, Urine Cx, LP, Stool Cx (if diarrhea), CXR and Respiratory viral studies (if symptoms)

**Partial Sepsis Workup:**
- CBC, Blood Cx, UA, Urine Cx, Stool Cx (if diarrhea), CXR (low yield in bronchiolitis), Respiratory viral studies (if symptoms)

**LP Studies: Cell Count** (Tube 1&4), Glucose, Protein, Culture & Gram Stain, HSV PCR, Enterovirus PCR (if applicable)

**If Testing for HSV Send** Serum & CSF PCR. Swab skin, eye, mouth; & vesicle if present

**When to Obtain a UA:**

**Risk Factors (any of the following)**

**SBI:**
- WBC < 5,000 OR > 15,000/cc or bands/(bands + neutrophils) > 0.2
- UA + nitrites, + Leukocyte esterase, or > 5 WBC/HPF
- Born at < 37 weeks gestation
- Hx of prior hospitalization (including NICU)
- Prolonged newborn nursery course
- Chronic illness
- Prior treatment with antibiotics
- Hx of unexplained hyperbilirubinemia

**HSV:**
- Maternal history of HSV (prior disease or active lesions)
- History of seizures or active seizures
- Vesicles on skin exam (includes scalp)
- CSF pleocytosis for age (if CSF obtained)
- Hypothermia
- Lymphopenia

**Antibiotics:**
- ≤ 30 days: Amp + Gent or Amp + cefotaxime;
- > 30 days: Ceftriaxone
- Add Vanc: Ill-appearing, CSF WBC>8, abnml glucose/protein, or abnml gram stain

**Acyclovir:** 20 mg/kg IV (may cause renal failure – mind fluid balance)

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