



Clinical Guideline for Evaluation/Treatment of Febrile Infant: 8-21 DAYS OF AGE

INCLUSION CRITERIA:

- Temperature $\geq 38\text{C}$ (100.4F) at home or healthcare facility
- Well-appearing
- NO evident source of infection except mild upper respiratory symptoms without respiratory distress
- Full term gestation (≥ 37 weeks)
- NO chronic medical conditions (ie, immune-compromised, congenital/chromosomal abnormalities, technology dependent)

DIAGNOSTIC TESTING (If not previously obtained):

- **BLOOD:** Blood Culture, CBC with diff, Procalcitonin, CRP, CMP
- **URINE:** Catheterized urine culture and urinalysis
- **CEREBROSPINAL FLUID (CSF):** CSF culture, CSF film array, Cell count, Glucose, protein
- **NASOPHARYNX:** Respiratory Film Array

HSV RISK FACTORS

- Maternal history of genital HSV lesions
- Household contacts with HSV
- Vesicular or petechial rash
- Seizure or abnormal neuro exam
- Hypothermia (Temp $< 35.5\text{C}$ or 96F)
- Elevated ALT
- Thrombocytopenia (Platelet count $< 150\text{k}$)
- CSF Pleocytosis (CSF WBC > 15 and negative gram stain)

ADDITIONAL DIAGNOSTICS (considered on case-to-case basis):

- **HERPES SIMPLEX VIRUS (HSV) TESTING** (if any risk factors to left present):
 - Blood HSV PCR
 - Vesicle fluid HSV PCR (if present)
 - Pooled surface swab of eye, nasopharynx, throat, rectum for HSV PCR (one single swab)
 - CSF HSV PCR
- **ENTEROVIRUS TESTING** – Obtain if RFA positive for rhino/entero **OR** RFA is negative:
 - Blood enterovirus PCR (send out to Mayo)
 - Surface swab of eye for Enterovirus PCR (send out to Mayo)
 - Surface swab of throat for Enterovirus PCR (send out to Mayo)
 - Surface swab of rectum for Enterovirus PCR (send out to Mayo)
- **CHEST XRAY** – as indicated by symptoms

TREATMENT:

1. **Initiate parenteral antibiotics** (if IV unavailable, consider IM administration)
 - **Ampicillin** 75 mg/kg/dose every 6 hours **AND**
 - **Gentamicin** 5 mg/kg/dose every 24 hours
 - **CSF abnormal** (WBC > 15 OR positive gram stain): Give **Cefotaxime** 50 mg/kg/dose every 8 hours (*stop additional gentamicin). Continue **Ampicillin** as above. **Ceftazidime** 50mg/kg/dose every 8 hours as an alternative if Cefotaxime in shortage
2. **Initiate parenteral antivirals** (IF HSV TESTING IS OBTAINED)
 - **Acyclovir** 20 mg/kg/dose every 8 hours
3. **Admit to hospital**

Pathogen or source identified?

YES

TREAT INFECTION
(off pathway)

NO

DISCHARGE CRITERIA (All must be met):

1. All cultures negative for 24-36 hours (can consider lower range if viral source identified)
2. HSV PCR blood and surface PCR negative (if obtained)
3. Remains well-appearing
4. Follow up with PCP arranged in 2-3 days

Reference:

Pantell et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old. Pediatrics August 2021, 148 (2) e2021052228; DOI: <https://doi.org/10.1542/peds.2021-052228>

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