

Clinical Guideline for Evaluation/Treatment of Febrile Infant: 29-60 DAYS OF AGE

INCLUSION CRITERIA:

- Well-appearing
- Full term gestation (≥ 37 weeks)
- NO chronic medical conditions
- NO evident source of bacterial infection (eg, cellulitis, omphalitis, septic arthritis, osteomyelitis)
- Temperature $\geq 38^{\circ}\text{C}$ (100.4°F) at home or healthcare facility
- Mild upper respiratory symptoms without respiratory distress

OBTAIN:

- BLOOD STUDIES: Blood Culture, CBC, CMP, Procalcitonin and/or CRP
- URINE STUDIES: Urinalysis (bagged or cath)
- RESPIRATORY FILM ARRAY

HSV MUST BE CONSIDERED THRU 6 WEEKS OF AGE

HSV RISK FACTORS

- Maternal history of genital HSV lesions
- Household contacts with HSV
- Vesicles
- Seizure
- Hypothermia
- Elevated ALT
- Thrombocytopenia
- CSF pleocytosis

HSV WORKUP

1. Send HSV Studies:

- Eye, nose, mouth, rectum swab for PCR
- Blood HSV PCR
- Vesicle fluid HSV PCR (if present)
- CSF HSV PCR

2. Start acyclovir 20mg/kg every 8 hours

*INFLAMMATORY MARKER +

- Procalcitonin $>0.5\text{ng/mL}$
- Absolute neutrophil count (ANC) >4000 per mm^3 OR <1000 per mm^3
- CRP $>2\text{mg/dL}$

*INFLAMMATORY
MARKER +

YES

NO

**UA+

NO

YES

**UA +

NO

YES

**UA+

- +Leukocyte Esterase
- +Nitrite
- >5 WBC

UC+

- $>10,000$ CFU of a uropathogenic organism

-Send urine culture by catheterized specimen if not done

-PERFORM lumbar puncture

-Initiate parenteral antibiotics:

Ceftriaxone 50mg/kg every 12 hours
-If CSF pleocytosis is present and there is concern for bacterial meningitis add vancomycin 15mg/kg every 6 hours.

-Observe in hospital

-Send urine culture by catheterized specimen if not done

-NEED NOT perform lumbar puncture

-Home on oral antibiotics OR admission on parenteral antibiotics

Oral: Cephalexin 75mg/kg/day divided TID

Parenteral: Ceftriaxone 50mg/kg daily

-If home, follow-up with PCP in 24 hours

-Provide education on importance of outpatient renal ultrasound to be scheduled through PCP

-NEED NOT perform lumbar puncture

-NO antibiotics given

-Observe at home

-Follow-up with PCP in 24 hours

-Send urine culture by catheterized specimen if not done

-NEED NOT perform lumbar puncture

-Administer oral antibiotics (cephalexin 75mg/kg/day divided TID)

-Observe at home

-Follow-up with PCP in 24 hours

-Provide education on importance of outpatient renal ultrasound to be scheduled through PCP

-If pathogen/source identified treat the infection accordingly

-If all cultures negative at 24-36 hours, stop antibiotics and acyclovir (if initiated) and discharge within 36 hours

-Adjust antibiotics based on culture results

-UTI treatment 7-14 days

-Adjust antibiotics based on culture results

-UTI treatment 7-14 days

Reference:

Pantell et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old.

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