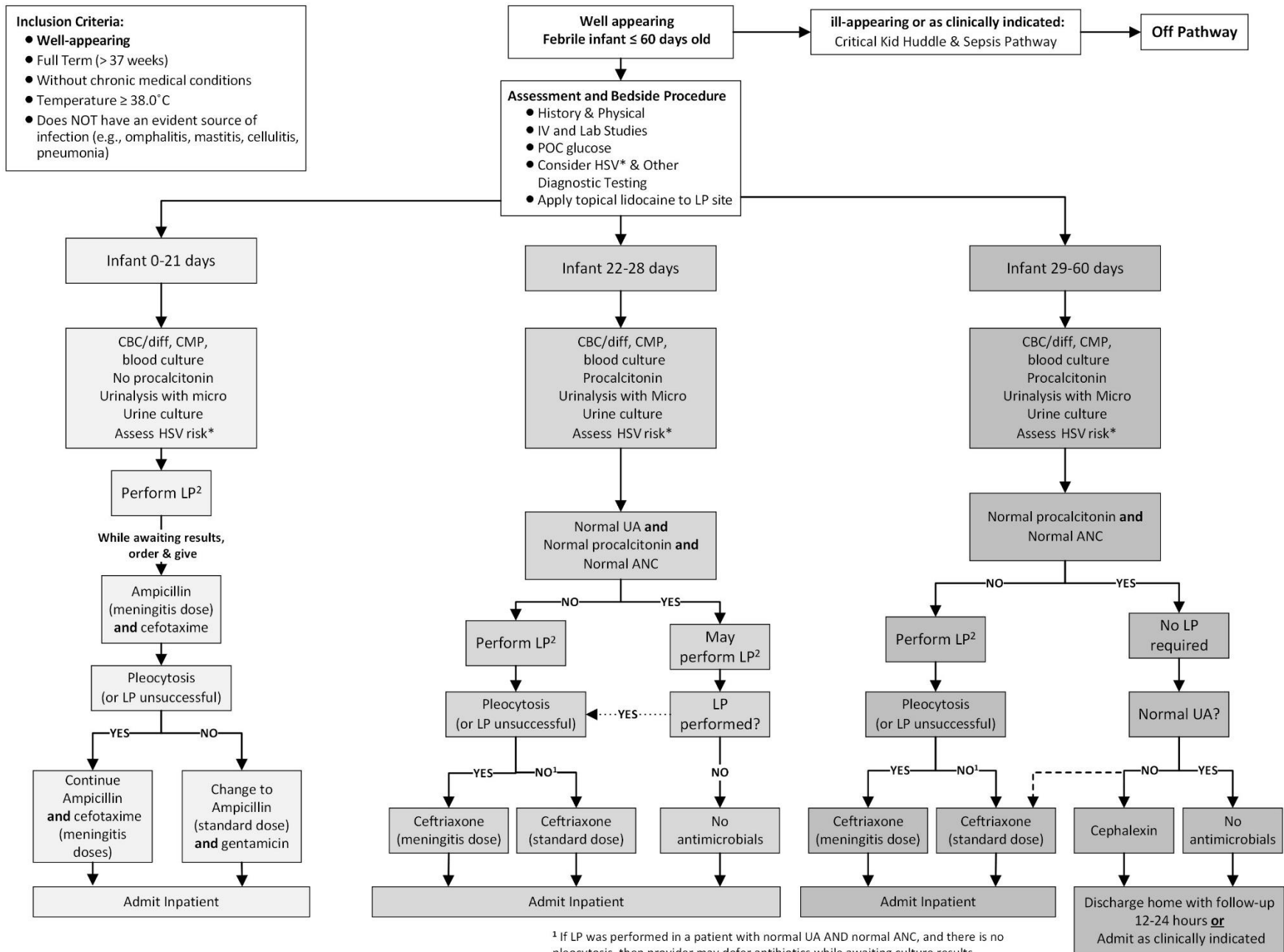


# Well Appearing Febrile Infant



Created by	Department	Creation Date	Version Date
H. Greening	Pediatrics	Jan 2023	July 2024

# Well Appearing Febrile Infant

- Definition of Abnormal Laboratory Parameters:**
- Urinalysis (collected via catheter or suprapubic aspirate)
    - > 5 WBCs/hpf
    - OR
    - Presence of leukocyte esterase
  - Inflammatory Markers
    - Procalcitonin > 0.5 ng/mL
    - OR
    - ANC > 4,000 cells/mm<sup>3</sup>
  - CSF Pleocytosis
    - 0-28 days old > 18 WBC/mm<sup>3</sup>
    - 29-60 days old > 9 WBC/mm<sup>3</sup>

- \* HSV risk assessment**
- Maternal vesicles within 48 hours before or after delivery
  - Seizure
  - Skin vesicles
  - Mucous membrane ulcers
  - Elevated AST or ALT
  - Thrombocytopenia
  - Hypoglycemia
  - CSF pleocytosis
  - Leukopenia
  - Hypothermia

- HSV Evaluation/Treatment**
- HSV PCR [HSVPCR], source: blood
  - HSV surface swabs [NEOHS]; using one order, collect separate swabs from eyes, nose, mouth, rectum, and skin lesion (if present)
  - Meningitis/encephalitis panel [RMEPNL]
  - Acyclovir (IV)

If risk factor present, proceed →

- <sup>2</sup>Labs for LP:**
- CSF cell count, protein, glucose
  - CSF culture
  - If pleocytosis, add meningitis/encephalitis panel to standard CSF studies

Antimicrobial	Age (days)	Dose (mg/kg/dose)	Route	Interval	
Acyclovir	0-60	20	IV	Q8h	
Ampicillin	Standard dose	0-21	50	IV	Q8h
	Meningitis dose	0-7	100	IV	Q8h
		8-21	75	IV	Q6h
Cefotaxime	0-21	50	IV	Q8h	
Ceftriaxone <sup>β</sup>	Standard dose	22-60	50	IV	Q24h
	Meningitis dose	22-60	50	IV	Q12h
Cephalexin	29-60	25	PO	Q8h	
Gentamicin	0-7	4	IV	Q24h	
	8-21	5	IV	Q24h	

<sup>β</sup>Use ceftriaxone with caution/consider alternative agent in patients with total serum bilirubin > 5 mg/dL or receiving calcium containing IV products. Do not administer ceftriaxone and calcium simultaneously in same line

**Reference:** Pantell RH, Roberts KB, Adams WG, et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old. *Pediatrics*. 2021; 148(2):e2021052228

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