DAYTON CHILDREN'S HOSPITAL

CLINICAL PRACTICE GUIDELINES

DISCLAIMER: This Clinical Practice Guideline (CPG) generally describes a recommended course of treatment for patients with the identified health needs. This CPG is not presented and should not be used as a substitute for the advice of a licensed independent practitioner, as individual patients may require different treatments from those specified, and guidelines cannot address the unique needs of each patient. Dayton Children’s shall not be liable for direct, indirect, special, incidental or consequential damages related to the use of this CPG.
Inclusion Criteria:
Infant 29 - 60 days of age
Fever ≥ 38° C rectally
Previously healthy:
- Born at term (> 37 weeks gestation)
- Did not receive perinatal antimicrobial therapy
- No systemic antibiotics within the past 72 hours
- Had not been previously hospitalized
- No chronic medical problems
- Was not hospitalized longer than mother

Exclusion Criteria:
- Infants with underlying disorders that affect their immunity or might otherwise increase their risk for serious infection
- Infants on current antimicrobial therapy
- Infants who have received immunization within 48 hours
- Infants presenting with seizures
- Infants requiring intensive care management

Begin clinical assessment

Focal infection on examination (Examples: skin/soft tissue infection, osteomyelitis, septic arthritis)

Low risk
- Well appearing
- Previously healthy
- No focal bacterial infection
- Negative urinalysis
- WBC > 5,000 and < 15,000 mm³
- Absolute bands < 1,500 mm³
- No discrete infiltrates on CXR
- Normal CRP
- Normal Procalcitonin

High Risk
- Not well appearing
- Not previously healthy
- Positive urinalysis
  - WBC < 5,000 or > 15,000 mm³
  - Absolute bands > 1,500 mm³
- Infiltrates on CXR
- Abnormal CRP
- Abnormal procalcitonin

Perform complete HSV workup and begin acyclovir for any of the following:
Historical and clinical features:
- severe illness
- hypothermia
- lethargy
- seizures
- hepatosplenomegaly
- postnatal HSV contact
- vesicular rash
- conjunctivitis
- interstitial pneumonitis
- mother known to have primary HSV infection at delivery

Laboratory features:
- Thrombocytopenia
- CSF with > 20 WBC/mm³ without clear bacterial infection (e.g. + gram stain)

Consider bronchiolitis CPG pathway if patient with low grade fever, nasal congestion, cough, tachypnea, increased respiratory effort, crackles, expiratory wheeze.

Consider outpatient management
Plan follow-up with PMD or ED within in 12 – 24 hours
Place Outreach Nurse referral
ED Pathway for Evaluation/Treatment of Febrile Infants

References


