PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY

Off pathway

Meets DC

YĖS

NO antibiotics

hours in ED or

PCP/Clinic

Follow-up: 12-24

FEBRILE INFANT: 29-60 DAYS

(C) BCH Emergency Department

Benioff Children's Hospitals Oakland | San Francisco

Inclusion Criteria:

- · Age: 29-60 days old
- Full term (≥ 37 weeks)
- Measured rectal temperature
 ≥ 38 C at home, outpatient, or in ED

Exclusion Criteria:

- · Chronic medical condition
- · Antibiotics in last 72 hours
- · Received vaccines in past 48 hours
- Focal infection (ex. cellulitis, abscess, joint infection)
- Presence of identifiable viral syndrome:
 - Bronchiolitis
- Hand-foot-mouth disease
- Viral exanthem

¹HSV Risk Factors:

- Maternal fever or genital HSV lesions within 48h of delivery
- Infant: vesicles, seizures, mucus membrane ulcers, hypothermia
- Leukopenia, thrombocytopenia, and/or elevated ALT
- CSF pleocytosis with non-bacterial profile
 HSV infection should be considered if <u>any</u> of the above are present

²HSV Evaluation:

- AST/ALT
- Conjunctival, NP, OP HSV PCR swabs
- Vesicle (if present) HSV PCR
- HSV PCR, serum and CSF

³Positive UA:

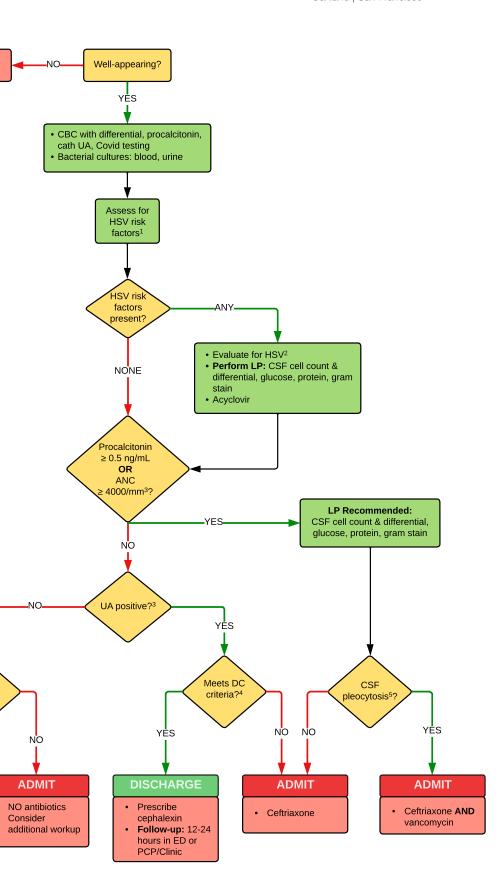
- Any leulkocyte esteraste on dipstick
- > 5 WBC/hpf on centrifuged urine
- \bullet > 10 WBC/mm³ on uncentrifuged urine

⁴ED Discharge Criteria:

- Caregiver feels comfortable observing child at home
- Caregiver able to receive communication from hospital
- Tolerating POs (including antibiotics, if indicated)
- Follow-up in place for 12-24 hours

⁵CSF Pleocytosis: ≥ 9 WBC/μL

Antimicrobial selection and dosing reference: BCH Empiric Antimicrobial Therapy Guidelines at idmp.ucsf.edu



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Disclaimer: These serve as guides only, not decision support and are not continuously reviewed. Drug dosing and pathway specifics should always be reviewed by prescribers with continuously reviewed sources.