

Identifiable Source of Infection

Focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis)

OR

Viral infection (e.g., clinical evidence of bronchiolitis)

Note: Viral testing alone should not drive clinical decision making. A negative viral test does not rule out viral illness and a positive viral test may be due to recent illness rather than the current presentation.

Lab Reference

Positive urinalysis:

- Positive leukocyte esterase or > 5 WBC per hpf

Abnormal Inflammatory Marker:

- Procalcitonin ≥ 0.5 ng/mL
- CRP ≥ 2 mg/dL
- ANC > 4000 per mm³

CSF pleocytosis:

- > 15 WBC per mm³

[Febrile Infant Quick Guide](#)

[Febrile Infants: 8 to 21 days old](#)

[Febrile Infants: 22 to 28 days old](#)

If positive urinalysis, administer oral antimicrobial and [refer to UTI Clinical Pathway for renal imaging](#)

If negative urinalysis, may observe closely at home with or without provision of ceftriaxone prior to discharge

Follow-up with medical provider within 12 to 24 hours

Term, healthy 29 to 60 day old infant with temperature ≥ 38 °C

Patient off guideline, patient requires:
 • Full septic work up ([refer to Sepsis Clinical Pathway](#))
 • Consider non-infectious etiologies

Off Guideline
 • Manage the infection accordingly
 • Some patients with identifiable source of infection may still require additional infectious work-up. These decisions require clinical judgment.

Obtain the following:
 • CBC with differential
 • Procalcitonin **OR** CRP ([Procalcitonin is preferred if available](#))
 • Blood culture
 • Urinalysis

Is pt < 46 days old with [risk factors for HSV](#) **OR** ≥ 46 days old with skin lesions concerning for HSV?

• Administer antimicrobials
 • Admit to hospital

• Send HSV studies
 • Perform LP

• Send urine for culture and treat suspected UTI
 • May perform LP

Was LP performed? ([CSF Studies](#))

• May admit to hospital and provide [parenteral antimicrobial\(s\)](#)
OR
 • [Observe closely at home](#) on oral antimicrobials

Positive urinalysis?
 • Unsuccessful LP **OR** CSF pleocytosis **OR** uninterpretable?

Perform LP

• Administer [parenteral antimicrobial\(s\)](#)
 • Admit to hospital

Yes

No

Pathogen or source identified?

• Send catheter urine specimen for culture
 • Need not perform LP
 • [May observe closely at home](#)
 • Administer oral antimicrobial(s)
[Refer to UTI Clinical Pathway for renal imaging](#)
 • Follow-up urine and blood culture
 • Follow-up with medical provider within 24 to 36 hours

• Need not perform LP
 • Need not administer antimicrobial(s)
 • Observe closely at home
 • Follow-up blood culture
 • Follow-up with medical provider within 24-36 hours

Admitted to hospital?

No

If positive urinalysis, administer oral antimicrobial and [refer to UTI Clinical Pathway for renal imaging](#)

If negative urinalysis, may observe closely at home with or without provision of ceftriaxone prior to discharge

Follow-up with medical provider within 12 to 24 hours

Treat infection

• Discontinue antimicrobial(s) and may discharge hospitalized infant if all cultures are negative at 24 to 36 hours and HSV PCR is negative (if sent)
 • Ensure PCP follow-up



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Abbreviations (laboratory & radiology excluded):

CSF - Cerebrospinal fluid

EGA - Estimated gestational age

HSV - Herpes Simplex Virus