

**Abbreviations (laboratory & radiology excluded):**

CSF - Cerebrospinal fluid

EGA - Estimated gestational age

HSV - Herpes Simplex Virus

**Lab Reference****Positive urinalysis:**

- Positive leukocyte esterase or > 5 WBC per hpf

**Abnormal Inflammatory Marker:**

- Procalcitonin  $\geq 0.5$  ng/mL
- CRP  $\geq 2$  mg/dL
- ANC  $> 4000$  per mm $^3$

**CSF pleocytosis:**

- $> 15$  WBC per mm $^3$

[Febrile Infant Quick Guide](#)

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

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

Term, healthy 29 to 60 day old infant without identifiable source of infection and temperature  $\geq 38^\circ\text{C}$

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

Yes

Obtain the following:

- CBC with differential
- Procalcitonin **OR** CRP ([Procal is preferred if available](#))
- Blood culture
- Urinalysis

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

No

Abnormal inflammatory marker **OR** temp  $>38.5^\circ\text{C}$ ?

No

Positive urinalysis?

Perform LP

No

Yes

Unsuccessful LP **OR** CSF pleocytosis **OR** uninterpretable?

Yes

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

Yes

Pathogen or source identified?

Yes

- 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

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

- 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