Febrile Infant: 0 to 21 days

Order Set: IP Febrile Infant EBP Pathway
ED Febrile Infant EBP Pathway

Children's Mercy KANSAS CITY | Evidence Based Practice

Patients **0 - 7 days** of age are excluded from the 2021 AAP Clinical Practice Guideline due to different types and rates of infection compared to older infants. This pathway's recommendations for these patients are based on expert consensus.

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 tests may be due to recent illness rather than the current presentation.

Abbreviations (laboratory & radiology excluded):
EGA - Estimated Gestational Age
CSF - Cerebrospinal Fluid
HSV - Herpes Simplex Virus

QR code for mobile view

Febrile Infant Quick Guide

Term, healthy 0 – 21 day old infant with temperature ≥ 38 °C who meets inclusion criteria
See inclusion and exclusion criteria

Is patient well appearing?
- No → **Off guideline**
  Patient requires:
  - Full septic work up (*refer to Sepsis Clinical Pathway*)
  - Consider non-infectious etiologies

Yes

Does patient have an identifiable source of infection?
- Yes → **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.

No

Obtain the following:
- CBC with differential
- Procalcitonin **OR** CRP (Procal is preferred if available)
- ALT
- Blood culture
- Urinalysis with urine culture
- CSF studies

HSV risk?
- Yes → Send HSV studies
  1. Initiate parenteral antimicrobial(s), including acyclovir
  2. Admit to hospital (If < 14 days of age, contact Neonatology to discuss admitting service)
- No
  1. Initiate parenteral antimicrobial(s)
  2. Admit to hospital (If < 14 days of age, contact Neonatology to discuss admitting service)

Pathogen or source identified?
- Yes → Off pathway. Manage infection accordingly. Discharge criteria will depend on the source of fever.

No

Is fever resolved (>24 hours without use of antipyretics)?
- Yes →
  - Discontinue antimicrobials and may discharge hospitalized patient if all cultures and HSV PCRs (if sent) are negative at 24–36 hours
  - Ensure PCP follow-up
- No →
  - Consider additional evaluation such as HSV studies or other viral testing, if not already done, or repeat inflammatory markers
  - Consider Infectious Diseases consult