

Term, healthy 22 to 28 day old infant without identifiable source of infection and temperature  $\geq 38^{\circ}\text{C}$

**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  $\text{mm}^3$   
**CSF pleocytosis:**  
•  $> 15$  WBC per  $\text{mm}^3$

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

Is patient well appearing?  
No  
Yes  
Obtain the following:  
• CBC with differential  
• Procalcitonin **OR** CRP ([Procal is preferred if available](#))  
• Blood culture  
• Urinalysis

Positive Urinalysis  
Yes  
Send bladder catheterization urine culture  
No

Send HSV studies

HSV risk?  
Yes  
No

[Febrile Infant Quick Guide](#)

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

[Febrile Infants: 29 to 60 days old](#)

Perform LP (CSF Studies)

Abnormal Inflammatory Markers **OR** Temp  $>38.5^{\circ}\text{C}$   
Yes  
No

May perform LP

LP performed? (CSF Studies)  
Yes  
No

Unsuccessful LP **OR** CSF pleocytosis uninterpretable?  
No  
Yes

Positive Urinalysis  
No  
Yes

Will observation be at home?  
No  
Yes

1. May observe off antibiotics **OR** administer [parenteral antimicrobial\(s\)](#)  
2. Treat suspected UTI if positive  
3. Admit to hospital

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2. Treat suspected UTI if positive urinalysis  
3. Admit to hospital

1. Administer [parenteral antimicrobial\(s\)](#)  
2. Observe at home  
3. Reassess within 24 hours

Treat Infection

Pathogen or source identified?  
Yes  
No

• 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