



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 38.0°C

Is patient well appearing?

No

• 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

• [Administer antimicrobials](#)
 • Admit to hospital

• [Send HSV studies](#)
 • Perform LP

HSV Risk?

No

• Send urine for culture and treat suspected UTI
 • [May perform LP](#)

Positive Urinalysis

No

Perform LP

Abnormal Inflammatory Markers **OR** Temp >38.5°C

No

Positive Urinalysis

LP performed? (CSF Studies)

No

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

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

No

• Send bladder categorization urine specimen for culture
 • Need not perform LP
 • [May observe closely at home](#)
 • Administer oral antimicrobial(s)
 • [Refer to UTI CPG 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

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

Admitted to Hospital?

No

Pathogen or source identified?

No

• If positive urinalysis, administer oral antimicrobial and [refer to UTI CPG 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