### **EVIDENCE-BASED PATHWAY**

# Febrile Infant 29-60 Days

#### Inclusion criteria:

- Age: 29-60 days old
- Full term (≥ 37 weeks)
- Measured rectal temperature ≥ 38°C at home, outpatient or in ED

#### **Exclusion criteria:**

- Chronic medical condition
- Antibiotics in last 72 hours
- Received vaccines in past 48 hours
- Focal infection (ex. cellulitis, abscess, joint infection)
- Presence of identifiable viral syndrome:
- Bronchiolitis
- Hand-foot-mouth disease
- Viral exanthem

### <sup>1</sup> HSV Risk Factors:

- Maternal fever or genital HSV lesions within 48 hours of delivery
- Infant: vesicles, seizures, mucus membrane ulcers, hypothermia
- Leukopenia, thrombocytopenia and/or elevated ALT
- CSF pleocytosis with non-bacterial profile

HSV infection should be considered if *any* of the above is present

#### <sup>2</sup>HSV Evaluation:

- AST/ALT
- Conjunctival, NP and OP HSV PCR swabs
- Vesicle (if present) HSV PCR
- HSV PCR, serum and CSF

## <sup>3</sup>ED discharge criteria:

- Caregiver feels comfortable observing child at home
- Caregiver able to receive communications from hospital
- Patient is tolerating POs (including antibiotics, if indicated)
- Follow-up in place for 12-24 hours

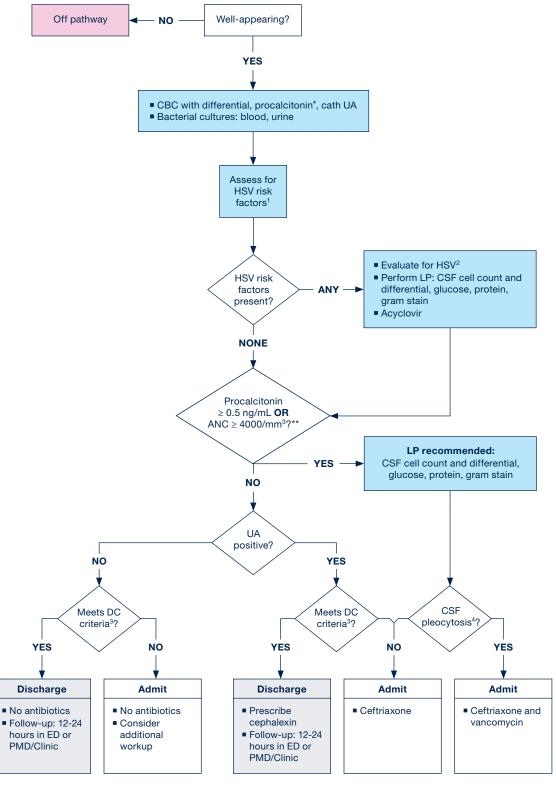
#### <sup>4</sup>CSF pleocytosis:

■ ≥ 9 WBC/µL



SCAN QR CODE TO VIEW

Antimicrobial selection and dosing reference: Guidelines for Empiric Therapy Pediatrics at ucsfbenioffchildrens.org/empiric



<sup>\*</sup> If procalcitonin unavailable, obtain CRP.

<sup>\*\*</sup> If procalcitonin is unavailable, any one of the following is considered abnormal: (1) temperature >38.5°C, (2) CRP >20 mg/L, or (3) ANC >4000/mm<sup>3</sup>.