Fever and Sepsis Evaluation in the Infant (Ages 29-60 days)

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL

¹Ill Infant (potential signs): Poor feeding

responsiveness Inconsolability Respiratory distress

Excessive sleeping

Decreased

Cyanosis

Seizures

Petechial rash

Parental concern

Provider concern

²Risk Factors for HSV:

Although uncommon in

should be considered if

Infants with

hypothermia.

ulcers, CSF

absence of a

Maternal history of **HSV** lesions

vesicles, seizures,

mucous membrane

pleocytosis in the

positive gram stain

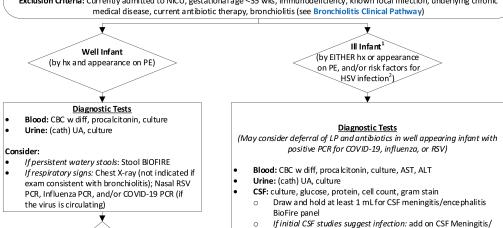
result, leukopenia,

thrombocytopenia. elevated ALT

this age group, HSV

under 6 weeks:

Inclusion Criteria: Infant 29-60 days of age with rectal temp ≥38.0°C/100.4°F (at home, PCP, or in ED), gestational age ≥35 weeks Exclusion Criteria: Currently admitted to NICU, gestational age <35 wks, immunodeficiency, known focal infection, underlying chronic



If risk factors for HSV2: Blood: HSV PCR

- Surfaces: HSV PCR (use 1 swab for HSV PCR and swab in this order: conjunctiva, mouth, nasopharynx, rectum). If vesicle present, also send swab of vesicle base.
- Place on Contact Precautions

Consider adding:

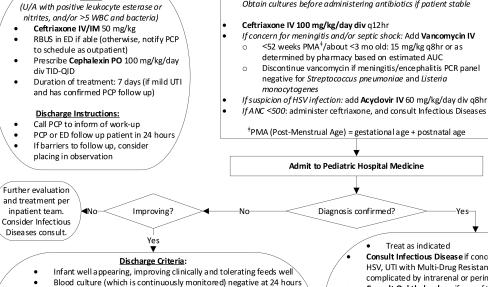
If persistent watery stools: Stool BioFire

Encephalitis BioFire panel

- If respiratory signs:
 - Chest X-ray (not indicated if exam consistent with bronchiolitis)
 - Nasal RSV PCR, Influenza PCR, and/or COVID-19 PCR (if the virus is circulating)

Start empiric antimicrobial therapy:

Obtain cultures before administering antibiotics if patient stable



- Urine and CSF cultures (if obtained), negative after at least 24 hours of
 - incubation. Must call lab tech to check culture plates as these are manually inspected only once daily.
- CSF HSV PCR negative
- No new symptoms of concern

≥ 1 abnormal

inflammatory markers?

Procalcitonin >0.5 ng/ml

If procalcitonin unavailable, may substitute

with the following:

Fever >38.5°C and

CRP > 2 mg/dL and/or

NO (inflammatory markers are normal)

If UTI:

ANC >5200 or <500.

ANC >5200 or <500

- Family understands discharge instructions and ongoing infant needs
- Follow-up provider identified; discharge plan and close follow-up
- Consult Infectious Disease if concern for meningitis, bacteremia, HSV, UTI with Multi-Drug Resistant (MDR) organism, pyelone phritis complicated by intrarenal or perinephric abscess
- Consult Ophthalmology if any of the HSV PCR tests are positive
- If UTI confirmed:
 - If grows enterococcus, change to amoxicillin 50 mg/kg/day div TID
 - May still d/c home at 24 hrs if well appearing and blood and CSF cultures negative (do not need to wait for sensitivities). Follow up with sensitivities and adjust antibiotics if needed.
 - Duration of treatment: 7 days if responds quickly to antibiotics, otherwise 10 days