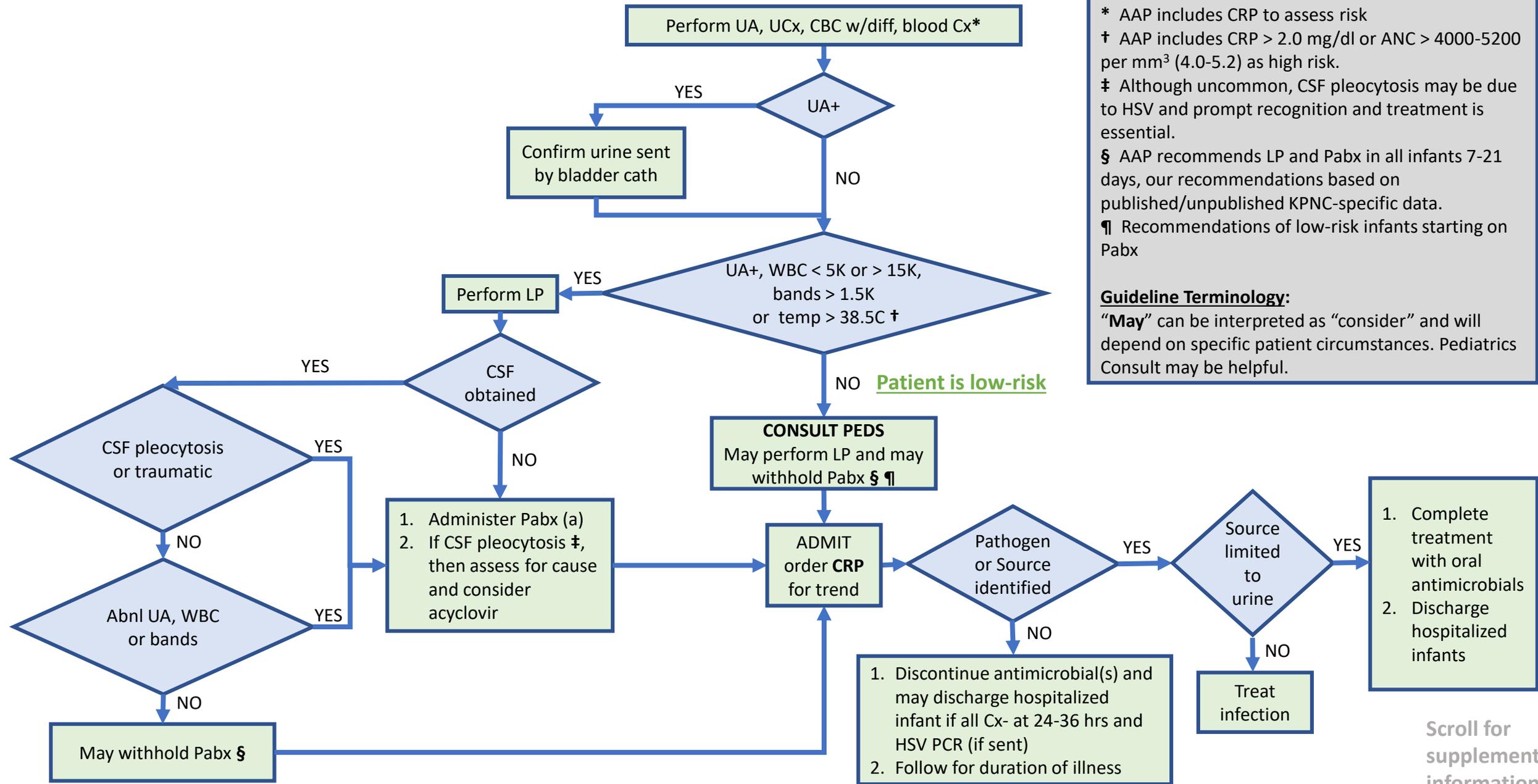


# Algorithm for Well-Appearing Febrile Infant: 7-21 days of age, temp ≥ 38C

**Footnotes:**  
 \* AAP includes CRP to assess risk  
 † AAP includes CRP > 2.0 mg/dl or ANC > 4000-5200 per mm<sup>3</sup> (4.0-5.2) as high risk.  
 ‡ Although uncommon, CSF pleocytosis may be due to HSV and prompt recognition and treatment is essential.  
 § AAP recommends LP and Pabx in all infants 7-21 days, our recommendations based on published/unpublished KPNC-specific data.  
 ¶ Recommendations of low-risk infants starting on Pabx

**Guideline Terminology:**  
 “May” can be interpreted as “consider” and will depend on specific patient circumstances. Pediatrics Consult may be helpful.



Scroll for supplemental information

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### Exclusion criteria

1. Premature infants < 37 wks gestational age
2. Infants younger than 14 days of age whose perinatal courses were complicated by maternal fever, infection, and/or antimicrobial use (excluding surgical prophylaxis or to treat GBS colonization)
3. Febrile infants with high suspicion of HSV infection (e.g., vesicles, seizures) or increased HSV risk<sup>||</sup>
4. Infants with a focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards.
5. Infants with clinical bronchiolitis, with or without positive tests for RSV
6. Infants with documented or suspected immune compromise
7. Infants whose neonatal course was complicated by surgery or infection
8. Infants with congenital or chromosomal abnormalities
9. Medically fragile infants requiring some form of technology or ongoing therapeutic intervention to sustain life
10. Infants with COVID-19

### Inclusion criteria

Infants 7-21 days of age, well-appearing, temp  $\geq$  38C

### Abbreviations

1. AAP: American Academy of Pediatrics
2. Abnl: abnormal
3. ALT: alanine transaminase
4. ANC: absolute neutrophil count
5. Cath: catheter
6. CBC w/diff: complete blood count with differential
7. CRP: C-reactive protein
8. CSF: cerebrospinal fluid
9. Cx: culture
10. GBS: Group B Strep
11. HSV: herpes simplex virus
12. LP: lumbar puncture
13. Pabx: parenteral antibiotics
14. RSV: respiratory syncytial virus
15. UA: urinalysis
16. UCx: urine culture
17. WBC: white blood cell

## CA FIRST Protocol v2.0

### Supplemental Information

### Footnotes

- \* AAP includes CRP to assess risk
- † AAP includes CRP > 2.0 mg/dl or ANC > 4000 to 5200 per mm<sup>3</sup> (4.0-5.2) as high risk.
- ‡ Although uncommon, CSF pleocytosis may be due to HSV and prompt recognition and treatment is essential.
- § AAP recommends LP and Pabx in all infants 7-21 days
- ¶ Recommendations of low-risk infants starting on Pabx
- <sup>||</sup> In addition to the presence of vesicles and/or seizures, infants should be considered at increased risk of HSV if any of the following are present: CSF pleocytosis with a negative gram stain, leukopenia, thrombocytopenia, hypothermia, mucous membrane ulcers, or maternal history of genital HSV lesions or fever from 48 hrs before to 48 hrs after delivery. If liver function tests were obtained, then an elevated ALT also indicates a higher risk of HSV. For further details of evaluation and management of HSV see AAP Redbook.