

# VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

## Fever in an Infant less than 90 days

True fever: Confirm 100.4 central temp.

Ill appearing?

Yes

No

Full w/u including LP, empiric antibiotics and admit

Age of the infant



### 0-28 days

Tests: Full W/U:

(10% bacterial inf., most UTI)

If UTI found, sepsis w/u and LP still necessary as these are descending infections

### 29-60 days

Tests: Urine (cath), cccd, bld cx, resp virus, crp, CXR if resp sx

(10% with bact infection (most UTI))

High risk features?

If negative- less than 0.5% meningitis risk, <5% bacterial inf. Empiric antibiotics not required. Hospitalize vs home with 24hr f/u

If any positives- LP, admission, cons. HSV treatment, ABX

### 61-90 days

Tests: cath urine and cx, resp virus  
7 % risk of UTI with no other source (half if +RSV or flu), no need for blood testing if well appearing and fever less than 102.2

### Full w/u

includes: LP, cbcd, blood cultures, catheter urinalysis +cx, resp. viral testing, CXR if no other source, HSV PCR of blood/CSF

### High Risk features:

<37 wks gest, prior hosp/long nursery stay, WBC <5K or >15K, UA pos, bands >1500, CRP >2, chronic illness, unexplained hyperbili

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

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