Clinical Guideline
Central Line and Fever (non-oncology)

Pediatric Emergency Medicine

This guideline should not replace clinical judgment.

Included patient populations or therapies: Intestinal failure, home parenteral nutrition, hemodialysis, metabolism, sickle cell, or hemophilia WITH central venous catheter AND team suspects CLABSI

Excluded patient populations or therapies: oncology, stem cell transplant, aplastic anemia, cystic fibrosis

CLABS should be suspected in those with a central venous catheter in place and a new-onset fever OR other systemic or local signs of infection such as hypotension or redness, tenderness, or discharge from their central venous catheter site.

In the event that there is a LOW suspicion for CLABSI, patient is hemodynamically stable, non-toxic appearing and at low risk for complications (note: TPN-dependent patients are at high risk for infection) and there is a plausible alternative source for fever, may consider deferring antibiotics; please consult the appropriate subspeciality team to determine appropriate plan and disposition.

Obtain blood cultures from (prior to initiation of antibiotic therapy):
1. ALL catheter lumens
2. Peripheral

*Please label all cultures appropriately*

Review patient’s medical chart for previous microbiologic/antibiogram data to direct empiric antibiotic therapy (extend the lookback to ensure older culture data isn’t missed).

Allergies:
- Consider calling Pediatric ID!
- If IgE mediated allergy to cephalosporin (i.e., anaphylaxis, wheezing): replace ceftriaxone with meropenem
- If IgE mediated allergy to vancomycin: replace vancomycin with daptomycin

Risk factors for fungal disease:
- Prior fungal disease
- Critically ill AND -TPN dependent -BMT or solid organ transplant -Recent prolonged broad spectrum abx

If patient is in septic shock or severe sepsis, see ED sepsis pathway and contact primary team on patient arrival for early discussion of potential central line removal prior to proceeding. Consider removal/exchange of non-tunneled catheters promptly. For tunneled catheters, please page pediatric surgery for removal.

Empiric Antibiotics:
Vancomycin PLUS Ceftriaxone

Empiric Antibiotics: Vancomycin PLUS Cefepime

Empiric Antibiotics: Ceftriaxone PLUS consider Vancomycin (d/w heme first)

Empiric Antibiotics: Vancomycin PLUS Meropenem

Consider adding Micafungin if high risk for fungal disease

Contact primary team on arrival

For questions concerning this guideline, contact: chorclinicalguidelines@vcuhealth.org

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Executive Summary

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References


Citation

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Example: