
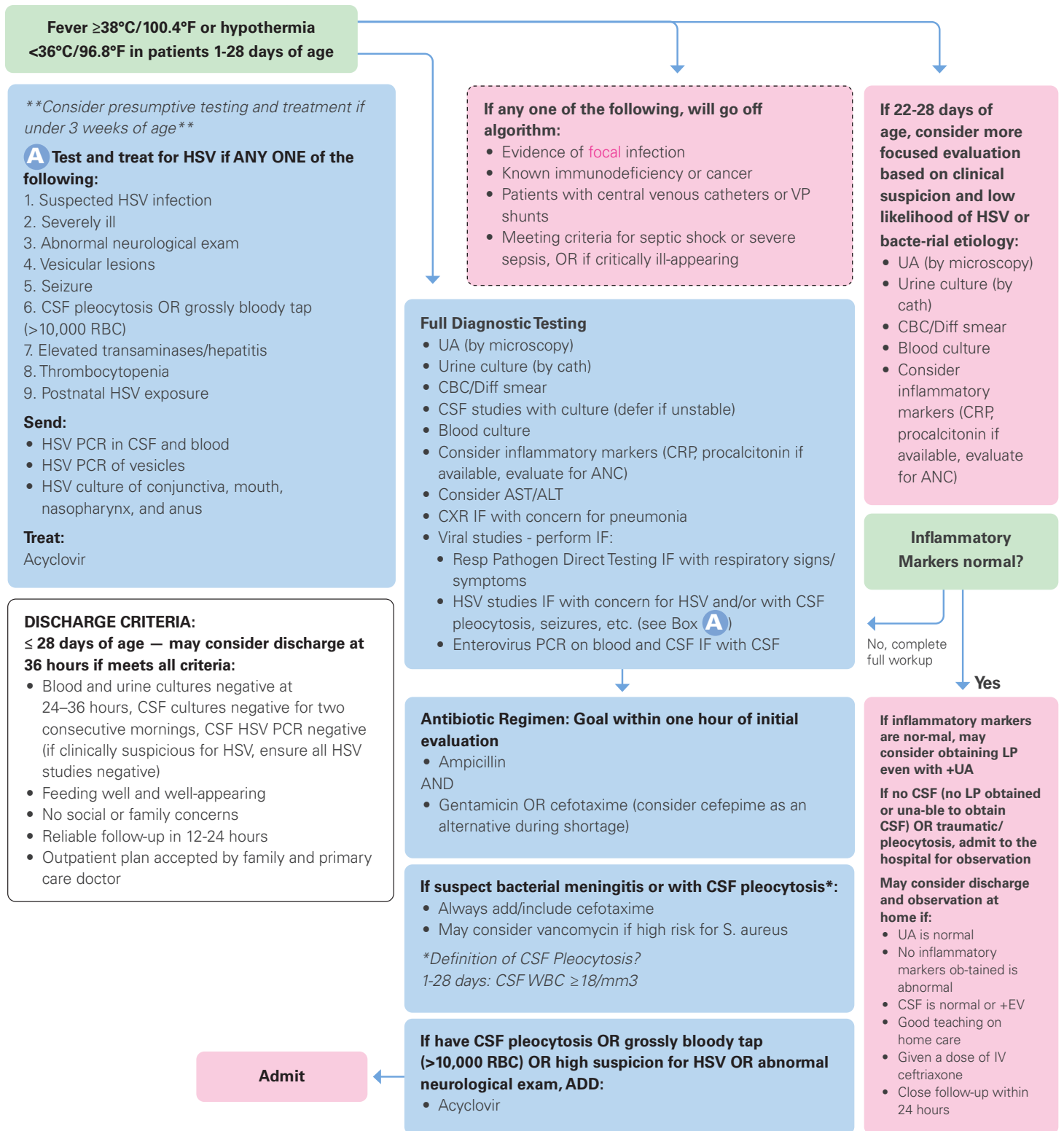



Clinical Guideline

 This guideline should not replace clinical judgment.

Early recognition of sepsis (Febrile infant, 1–28 days of age) Pediatric Emergency & Hospital Medicine

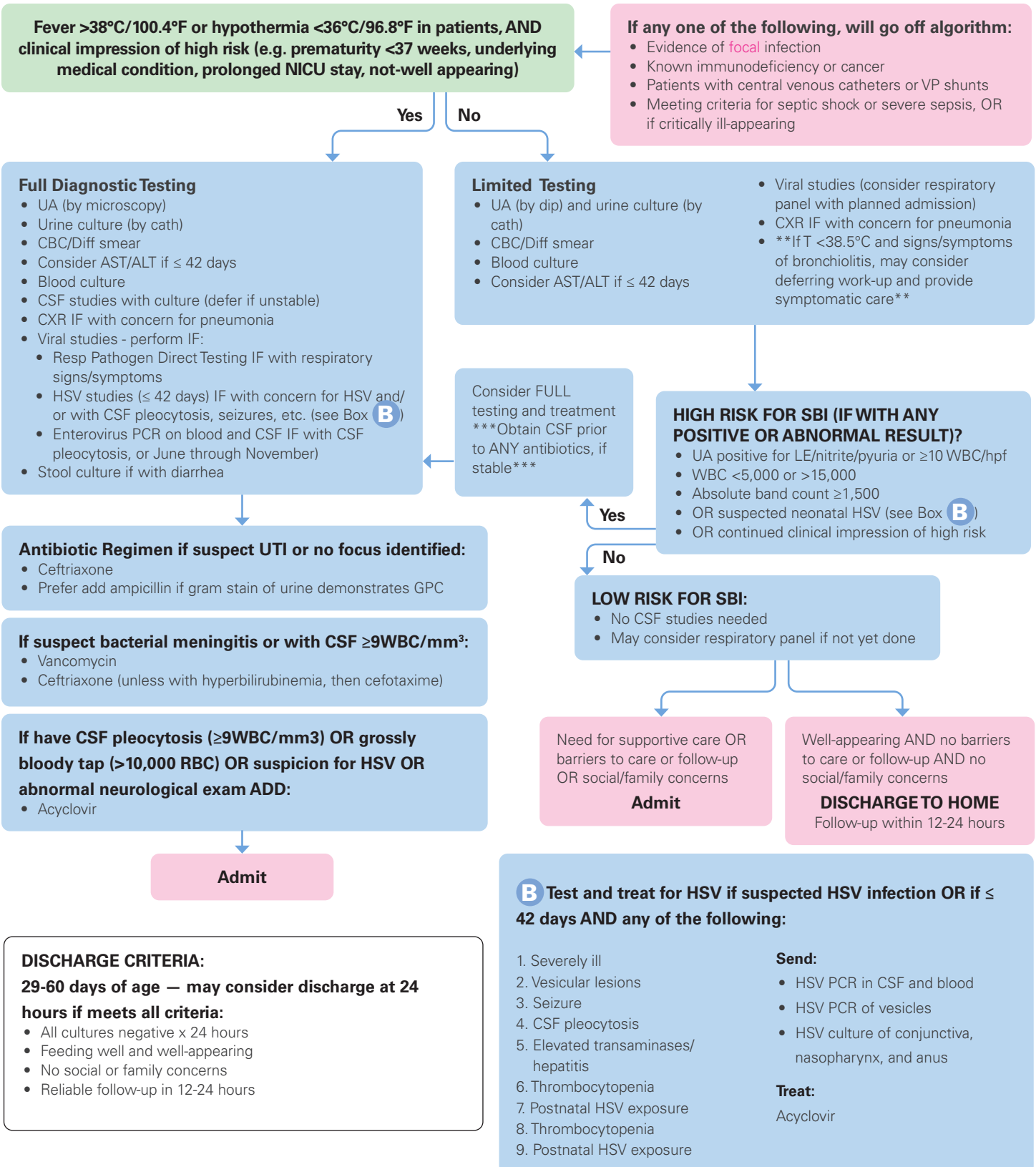


Clinical Guideline

 This guideline should not replace clinical judgment

Neonatal Fever (Febrile infant, 29-60 days of age)

Pediatric Emergency & Hospital Medicine



Neonatal Fever Guideline

Executive Summary

Children's Hospital of Richmond at VCU Neonatal Fever Workgroup

Pediatric Hospital Medicine Owner: Ashlie Tseng, MD

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Pediatric Infectious Disease Medicine: Jose Muñoz, MD

Approved (August 2021)

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References

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Neonatal Fever Guideline

Executive Summary

Citation

Title: **Neonatal Fever Guideline**

Authors:

Children's Hospital of Richmond at VCU

Ashlie Tseng, MD

Jonathan Silverman, MD

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Date: **August 2021**

Retrieval website: **<http://www.chrichmond.org/clinical-pathway-neonatalfever>**

Example:

Children's Hospital of Richmond at VCU, Tseng A, Silverman J, Muñoz J. Neonatal Fever Guideline. Available from: <http://www.chrichmond.org/clinicalguideline-neonatalfever>

Clinical Guideline

 This guideline should not replace clinical judgment.

Neonatal Fever (Febrile infant, 1–28 days of age) Pediatric Emergency & Hospital Medicine

Fever $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$ or hypothermia
 $< 36^{\circ}\text{C}/96.8^{\circ}\text{F}$ in patients 1-28 days of age

Full Diagnostic Testing

- UA (by microscopy)
- Urine culture (by cath)
- CBC/Diff smear
- Consider AST/ALT
- Blood culture
- CSF studies with culture (defer if unstable)
- CXR IF with concern for pneumonia
- Viral studies - perform IF:
 - Resp Pathogen Direct Testing IF with respiratory signs/symptoms
 - HSV studies IF with concern for HSV and/or with CSF pleocytosis, seizures, etc. (see Box **A**)
 - Enterovirus PCR on blood and CSF IF with CSF pleocytosis, or June through November)
- Stool culture if with diarrhea

Antibiotic Regimen: Goal within one hour of initial evaluation

- Ampicillin
- AND
- Gentamicin OR cefotaxime

If suspect bacterial meningitis or with CSF pleocytosis*:

- Always add/include cefotaxime
- May consider vancomycin if high risk for *S. aureus*

*Definition of CSF Pleocytosis?

1-28 days: CSF WBC $\geq 18/\text{mm}^3$

If have CSF pleocytosis OR grossly bloody tap ($>10,000$ RBC)
OR high suspicion for HSV OR abnormal neurological exam,
ADD:

- Acyclovir

Admit

If any one of the following, will go off algorithm:

- Evidence of focal infection
- Known immunodeficiency or cancer
- Patients with central venous catheters or VP shunts
- Meeting criteria for septic shock or severe sepsis, OR if critically ill-appearing

Consider presumptive testing and treatment if under 3 weeks of age

A Test and treat for HSV if ANY ONE of the following:

1. Suspected HSV infection
2. Severely ill
3. Vesicular lesions
4. Seizure
5. CSF pleocytosis
6. Elevated transaminases/hepatitis
7. Thrombocytopenia
8. Postnatal HSV exposure

Send:

- HSV PCR in CSF and blood
- HSV PCR of vesicles
- HSV culture of conjunctiva, nasopharynx, and anus

Treat:

Acyclovir

DISCHARGE CRITERIA:

≤ 28 days of age — may consider discharge at 36 hours if meets all criteria:

- Blood and urine cultures negative at 36 hours, CSF cultures negative for two consecutive mornings, CSF HSV PCR negative
- Feeding well and well-appearing
- No social or family concerns
- Reliable follow-up in 12-24 hours
- Outpatient plan accepted by family and primary care doctor