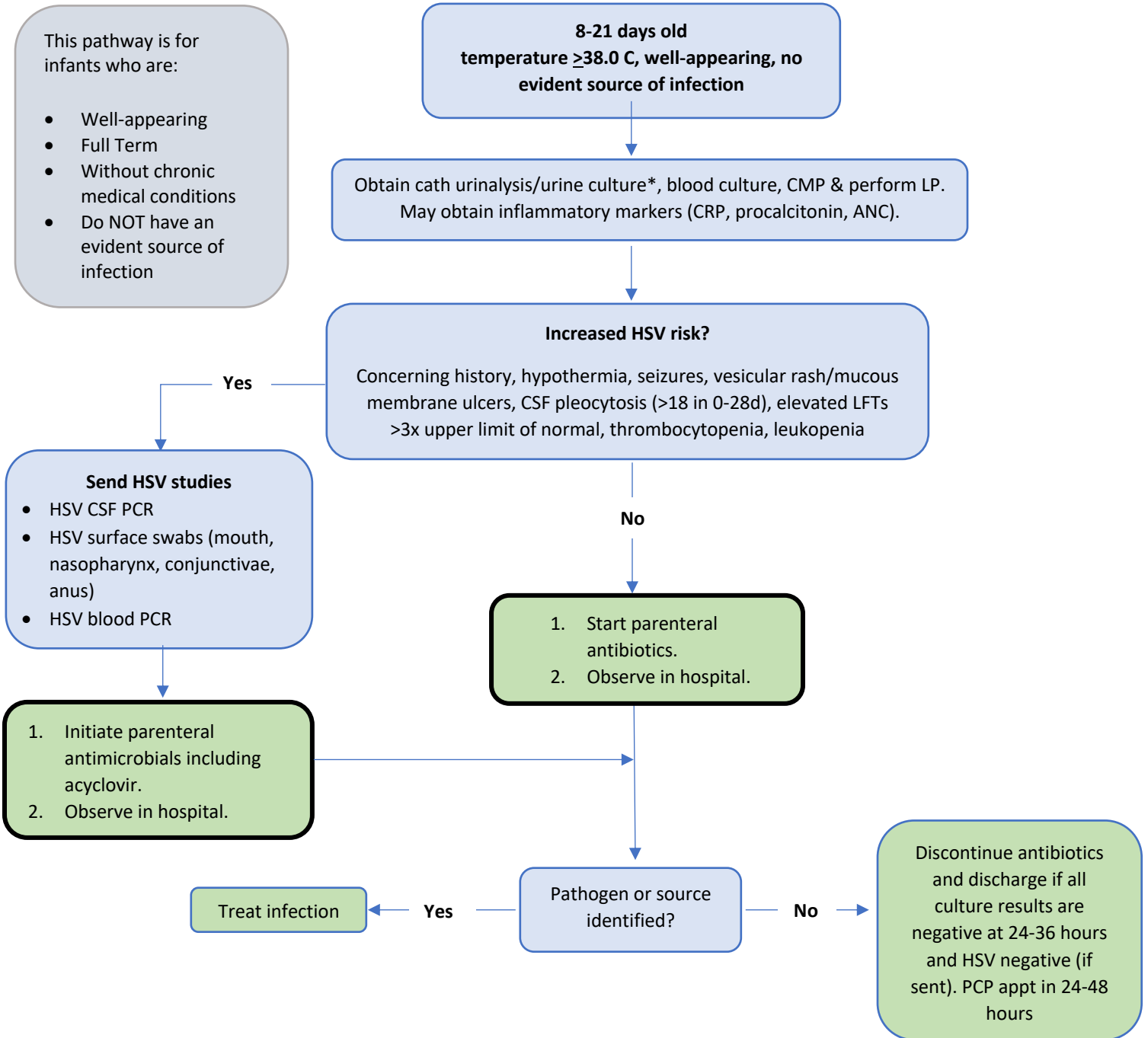


Well-appearing Febrile Infants

8-21 days

CONE HEALTH PEDIATRICS

Updated September 2022 adapted from the [2021 AAP Febrile infant guidelines](#)



*option to get bag UA and collect cath urine culture only if UA abnl

Initial Empirical Antibacterial Therapy for Well-Appearing Febrile Infants 0 to 60 Days Old

Suspected Source of Infection	0-7 d Old	8–21 d Old	22–28 d Old	29–60 d Old
UTI ^a	Ampicillin IV or IM (300 mg/kg per d divided every 8 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h) -or- Ceftriaxone IV or IM (50 mg/kg per dose every 24 h)	Ceftriaxone IV or IM (50 mg/kg/dose every 24 h). Oral medications for infants older than 28 d. ^b Cephalexin 50–100 mg/kg per d in 4 doses or cefixime 8 mg/kg per d in 1 dose
No focus identified ^c	Ampicillin IV or IM (300 mg/kg per d divided every 8 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h) -or- Ceftriaxone IV or IM (50 mg/kg per dose every 24 h)	Ceftriaxone IV or IM (50 mg/kg/dose every 24 h)
Bacterial meningitis ^e	Ampicillin IV or IM (300 mg/kg per d divided every 8 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ampicillin IV or IM (300 mg/kg per d divided every 6 h) and cefepime IV or IM (50 mg/kg/dose every 12 h)	Ceftriaxone IV (100 mg/kg or d once daily or divided every 12 h) and vancomycin ^f IV (45-60 mg/kg/day divided every 6-8 h)

This clinical pathway is based upon medical evidence and a consensus of pediatric practitioners at Cone Health Pediatrics. These clinical pathways are intended to be a guide for practitioners with a special emphasis on those working at community hospital sites. Management needs to be adapted for each specific patient based on the practitioner's professional judgment, unique patient circumstances, the needs of each patient and their family, and the availability of resources at the health care institution where the patient is located.

Accordingly, these clinical pathways are not intended to constitute medical advice or treatment, or to create a doctor-patient relationship between/among Cone Health physicians and the individual patients. These clinical pathways may not be in every respect accurate or complete, and may not apply to a particular patient or medical condition.

Evidence Base

Pantell, et al. Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 days Old. Pediatrics. 2021. 148 (2)