

# Well-appearing Febrile Infants 22-28 days

CONE HEALTH PEDIATRICS  
Updated September 2022  
adapted from the [2021 AAP  
Febrile Infant guidelines](#)

This pathway is for infants who are:

- Well-appearing
- Full Term
- Without chronic medical conditions
- Do NOT have an evident source of infection

**22-28 days old  
temperature  $\geq 38.0$  C, well-appearing, no  
evident source of infection**

Obtain cath urinalysis/urine culture\*, blood culture, CMP  
& inflammatory markers (CRP, procalcitonin, ANC)

Abnormal inflammatory markers:

- Temp  $> 38.5$  C
- Procalcitonin  $> 0.5$  ng/ml
- CRP  $> 2$  mg/dL
- ANC  $> 4$  k/mL

### Send HSV studies

- HSV CSF PCR
- HSV surface swabs (mouth, nasopharynx, conjunctivae, anus)
- HSV blood PCR

### Increased HSV risk?

Concerning history, hypothermia, seizures, vesicular rash/mucous membrane ulcers, CSF pleocytosis ( $> 18$  in 0-28d), elevated LFTs  $> 3x$  upper limit of normal, thrombocytopenia, leukopenia

Yes

No

Perform LP

Abnormal inflammatory markers?  
Or suspect UTI?

May perform LP  
(shared decision making)

CSF obtained?

Yes

CSF pleocytosis,  
uninterpretable, or  
"traumatic"?

Yes

CSF obtained?

No

Yes

No

Observation at home?  
(SDM)

No

No

1. Administer parenteral antimicrobials (including acyclovir if indicated) if LP done.
2. Observe in hospital.

1. Give parenteral antibiotics in ED
2. Observe at home.
3. Must follow up w/ PCP 24 hours

1. May administer parenteral antibiotics if LP done.
2. Observe in hospital.

Shared Decision-Making  
(SDM) Dot Phrases:

- .Febrileinfantdispo
- .Febrileinfantfollowup
- .FebrileinfantIVpo
- .Febrileinfantlp

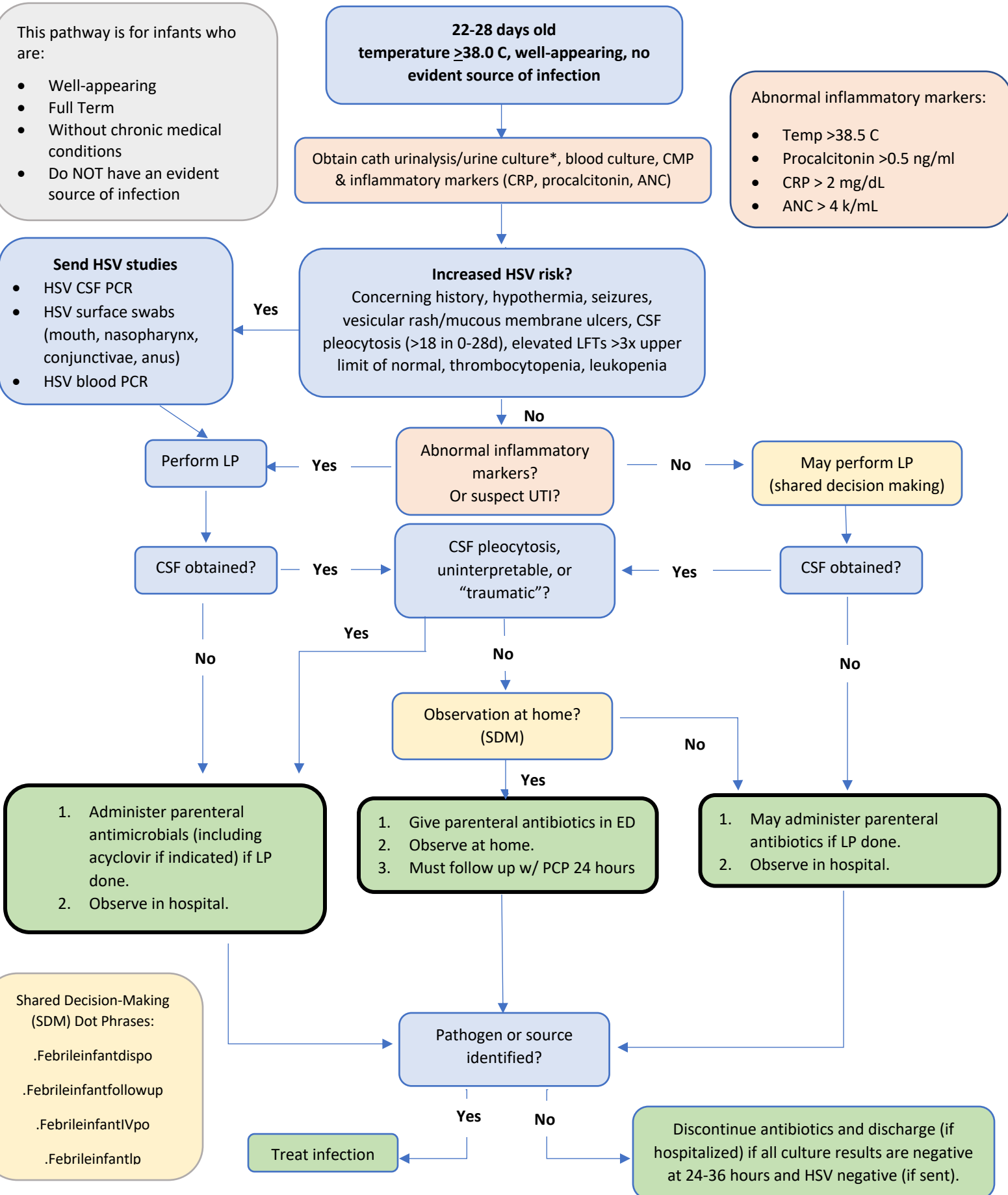
Pathogen or source  
identified?

Yes

No

Treat infection

Discontinue antibiotics and discharge (if hospitalized) if all culture results are negative at 24-36 hours and HSV negative (if sent).



## 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 <sup>a</sup>	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 8 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h) -or- <b>Ceftriaxone</b> IV or IM (50 mg/kg per dose every 24 h)	<b>Ceftriaxone</b> IV or IM (50 mg/kg/dose every 24 h). Oral medications for infants older than 28 d. <sup>b</sup> <b>Cephalexin</b> 50–100 mg/kg per d in 4 doses or <b>cefixime</b> 8 mg/kg per d in 1 dose
No focus identified <sup>c</sup>	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 8 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h) -or- <b>Ceftriaxone</b> IV or IM (50 mg/kg per dose every 24 h)	<b>Ceftriaxone</b> IV or IM (50 mg/kg/dose every 24 h)
Bacterial meningitis <sup>e</sup>	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 8 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ampicillin</b> IV or IM (300 mg/kg per d divided every 6 h) and <b>cefepime</b> IV or IM (50 mg/kg/dose every 12 h)	<b>Ceftriaxone</b> IV (100 mg/kg or d once daily or divided every 12 h) and <b>vancomycin</b> <sup>f</sup> 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)