# 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 ≥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

**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** → **Send HSV studies**
- HSV CSF PCR
- HSV surface swabs (mouth, nasopharynx, conjunctivae, anus)
- HSV blood PCR

**No**

Abnormal inflammatory markers? Or suspect UTI?

**Yes** → Perform LP → CSF obtained? **Yes** → CSF pleocytosis, uninterpretable, or "traumatic"?

**No** → May perform LP (shared decision making) → CSF obtained? **Yes** → CSF pleocytosis, uninterpretable, or "traumatic"?

CSF pleocytosis, uninterpretable, or "traumatic"?
- **Yes** → 1. Administer parenteral antimicrobials (including acyclovir if indicated) if LP done. 2. Observe in hospital.
- **No** → Observation at home? (SDM)
  - **Yes** → 1. Give parenteral antibiotics in ED 2. Observe at home. 3. Must follow up w/ PCP 24 hours
  - **No** → 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** → Treat infection
- **No** → 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[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)<br>-or-<br>**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)<br>-or-<br>**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) |



**Evidence Base**

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