

# Well-appearing Febrile Infants

29-60 days

CONE HEALTH PEDIATRICS

Updated September 2022

This pathway is for infants who are:

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

**29-60 days old**  
**temperature  $\geq 38.0$  C, well-appearing, no**  
**evident source of infection**

Obtain cath urinalysis/urine culture\*, blood culture, and 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? (rare in this age group when well)**

Concerning history, hypothermia, seizures, vesicular rash/mucous membrane ulcers, CSF pleocytosis ( $>9$  in  $>28$ d), elevated LFTs  $>3$ x upper limit of normal (if obtained), thrombocytopenia, leukopenia

**Send HSV studies**

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

Yes

Can consider LP based on clinical exam

Abnormal inflammatory markers (IMs)?

Yes

No

Positive urinalysis?  
 +LE or  $>5$  WBC/hpf

Yes

No

CSF Positive

CSF Negative (UA+ or -)

LP deferred (or CSF uninterpretable) (UA+ or -)

1. Need not perform LP.
2. Administer oral antibiotics (SDM).
3. May observe closely at home.
4. Follow up in 12 to 24 hours.

1. May give parenteral or oral antibiotics.
2. May observe closely in hospital or home.

1. Administer parenteral antibiotics only if UA+.
2. May observe closely in hospital or home.

1. Need not perform LP.
2. Need not administer antibiotics.
3. Observe closely at home.
4. Follow up within 24 hours.

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

Pathogen or source identified?

Yes

No

Source limited to urine?

Yes

No

1. Complete treatment with oral antibiotics.
2. Discharge if hospitalized.

Treat infection

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

Shared Decision-Making (SDM) Dot Phrases:

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

\*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 <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)