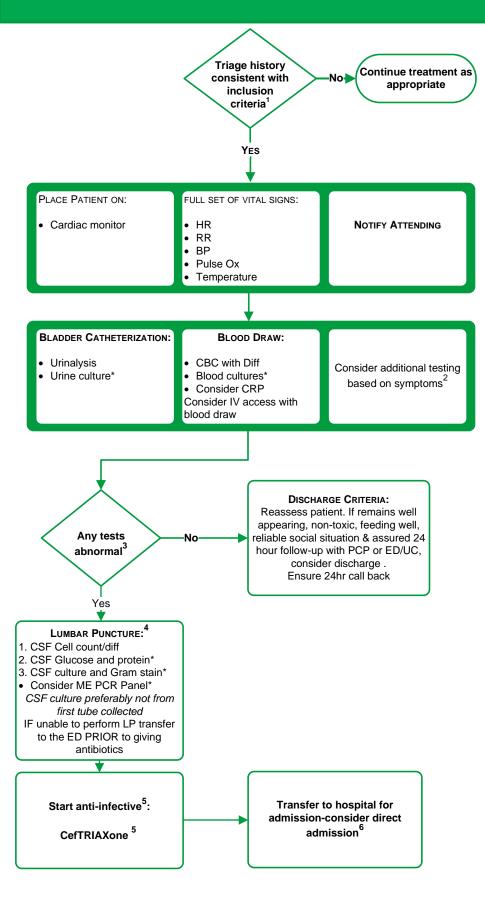
FEVER 29-60 DAYS URGENT CARE CLINICAL PRACTICE GUIDELINE



UPDATE 3/12/24 PUBLISHED 11/27/18

¹INCLUSION CRITERIA

Febrile (≥ 38.0C Rectal at home or reported from Urgent Care or Primary Care)

EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency
- Underlying medical condition or perinatal history that increases risk of serious infection
- Currently on antibiotics
- Presenting with seizure
- History of prematurity (<37 wks gestational age at birth)
- Source of fever present on history or physical exam

²Additional Tests—Based on Symptoms

- If lower respiratory symptoms:
- Obtain chest x-ray
- If diarrhea:
- Consider GI PCR Panel (send out)

Other Tests (such as viral testing) as per physician discretion

³ABNORMAL LAB TESTS

Blood:

- WBC >15,000 Or <5,000
- Bands>1,500
- CRP >2mg/dL (if obtained)
- Urine:
- >9 WBC hpf (high power field) or
 Nitrites positive or
- Nitrites positi
 LES ≥2+

⁴LUMBAR PUNCTURE (LP)

- If clinical bronchiolitis, may hold LP, unless starting antibiotics
- If LP performed and shows CSF pleocytosis (≥10 WBC): send HSV PCR until 6 weeks of age; consider MEPCR

⁵ANTI-INFECTIVES

If antibiotics to be given, ensure LP is performed prior to administration

- CefTRIAXone IV
 - Routine: 75mg/kg
 - If concern for meningitis: 100mg/kg
 - •CefTRIAXone may be given IM if unable to obtain IV

⁶ADMISSION

If unable to obtain LP or un-interpretable and rest of workup negative, discuss need for antibiotics with inpatient team

*=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT

ME - MENINGITIS-ENCEPHALITIS PCR PANEL

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