Patient off Febrile Neonate Guideline, patient requires:
- Full Sepsis and Herpes Simplex Virus evaluation
- Initiation of treatment
- Admit

Herpes Simplex Virus (HSV) Risk Assessment Checklist
Maternal history
- HSV (prior disease or active lesions)?
Patient evaluation
- History of seizures or seizures during the evaluation?
- Vesicles on skin (including scalp) or mucous membranes?
If "Yes" to any of these questions proceed to HSV High Risk recommendation.

Evaluate for HSV by obtaining:
- Lumbar Puncture
  - Routine studies (cell count, bacterial culture, gram stain, protein and glucose)
  - HSV PCR
- HSV surface (eye, nasopharynx, rectum) and vesicle cultures
- Transaminases (AST / ALT)

Administer antibiotics
Administer acyclovir

Bacterial Infection Checklist
- Born at less than 37 weeks gestation?
- History of prior hospitalization?
- Prolonged newborn nursery course?
- Is CBC WBC less than 5000 / mcL or greater than 15,000 / mcL?
- Are bands greater than 1500 / mcL?
- Is UA positive for nitrite, leukocyte esterase, or WBC > 5 / HPF?
- Is the CRP > 2 mg / dl?
- Does the neonate have a chronic illness?
- Has the neonate ever received antibiotics?
- Does the neonate have a history of unexplained hyperbilirubinemia?
If "Yes" to any questions proceed to High Risk Bacterial infection recommendations.

Should the patient be discharged?
- Yes → Discharge patient
- No

Obtain lumbar puncture:
- Cell count
- Bacterial culture
- Gram stain
- Protein
- Glucose

Obtain:
- CSF HSV PCR
- HSV surface cultures (eye, nasopharynx, rectum)
- Transaminases (AST / ALT)
Consider:
- Acyclovir

CSF pleocytosis for age?
- Yes → Administer antibiotics
- No → Admit patient

Ambulatory Discharge Disposition Checklist
- Are the parents comfortable with monitoring their child at home?
- Do the parents have reliable means of receiving communication from the hospital/ED?
- Can bacterial culture results be followed daily by the hospital/ED?
- Can the patient follow-up with their PCP in 24-72 hours?
If any “No” admit the patient.