



Abbreviations (laboratory & radiology excluded):
 CSF - Cerebrospinal Fluid
 EGA - Estimated Gestational Age
 HSV - Herpes Simplex Virus

Lab Reference
Positive urinalysis:
 • Positive leukocyte esterase or >5 WBC per hpf
Abnormal Inflammatory Marker:
 • CRP >2 mg/dL
 • ANC > 4000 per mm³
CSF pleocytosis:
 • >15 WBC per mm³

- [Febrile Infant Quick Guide](#)
- [Febrile Infants: 8 to 21 days old](#)
- [Febrile Infants: 22 to 28 days old](#)

Term, healthy 29 to 60 day old infant without identifiable source of infection and temperature ≥ 38 °C

Is patient well appearing?
 No: Patient off guideline, patient requires:
 • Full sepsis work up
 • Initiation of treatment
 • Consider non-infectious etiologies

Obtain urinalysis, blood culture, CRP, and CBC with differential

HSV Risk?
 Yes: Send HSV studies, Perform LP
 Administer antimicrobials, Admit to hospital

Abnormal Inflammatory Markers OR Temp >38.5 °C
 Yes: Positive Urinalysis
 No: Positive Urinalysis

Positive Urinalysis
 Yes: Send urine for culture and treat suspected UTI, May perform LP

Perform LP

LP performed? (CSF Studies)
 No: May admit to hospital and provide parenteral antimicrobial(s) OR Observe closely at home on oral antimicrobials

Positive Urinalysis
 Yes: Send bladder categorization urine specimen for culture, Need not perform LP, May observe closely at home, Administer oral antimicrobial(s), Refer to UTI CPG for renal imaging, Follow-up urine and blood culture, Follow-up with medical provider within 24 to 36 hours

No: Need not perform LP, Need not administer antimicrobial(s), Observe closely at home, Follow-up blood culture, Follow-up with medical provider within 24-36 hours

Unsuccessful LP OR CSF pleocytosis OR uninterpretable?
 No: May admit to hospital and provide parenteral antimicrobial(s) OR Observe closely at home on oral antimicrobials
 Yes: Administer parenteral antimicrobial(s), Admit to hospital

Admitted to Hospital?

Pathogen or source identified?

If positive urinalysis, administer oral antimicrobial and refer to UTI CPG for renal imaging
 If negative urinalysis, may observe closely at home with or without provision of ceftriaxone prior to discharge
 Follow-up with medical provider within 12 to 24 hours

Treat Infection

Discontinue antimicrobial(s) and may discharge hospitalized infant if all cultures are negative at 24 to 36 hours and HSV PCR is negative (if sent)
 Ensure PCP follow-up