



**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.

Obtain:

- UAM and urine culture
- CBC with diff
- Blood culture
- Resp viral testing (as indicated by symptoms and season)
- CRP

[Complete HSV Risk Assessment Checklist](#)

Is the patient at low or high risk for HSV infection?

High risk

Low risk

[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

[Complete Bacterial Infection Checklist](#)

Is the patient at low or high risk for a bacterial infection?

Low risk

High risk

Clinical decision to administer antibiotics?

No

Yes

Obtain lumbar puncture:

- Cell count
- Bacterial culture
- Gram stain
- Protein
- Glucose

CSF pleocytosis for age?

Yes

No

Administer antibiotics

Admit patient

Inpatient Discharge Disposition

**Bacterial Infection Checklist**

- Born at less than 37 weeks gestation?
- History of prior hospitalization?
- Prolonged newborn nursery course?
- Is CBC WBC less than 5000 / mL or greater than 15,000 / mL?
- Are bands greater than 1500 / mL?
- 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.

Admit for observation without antibiotics