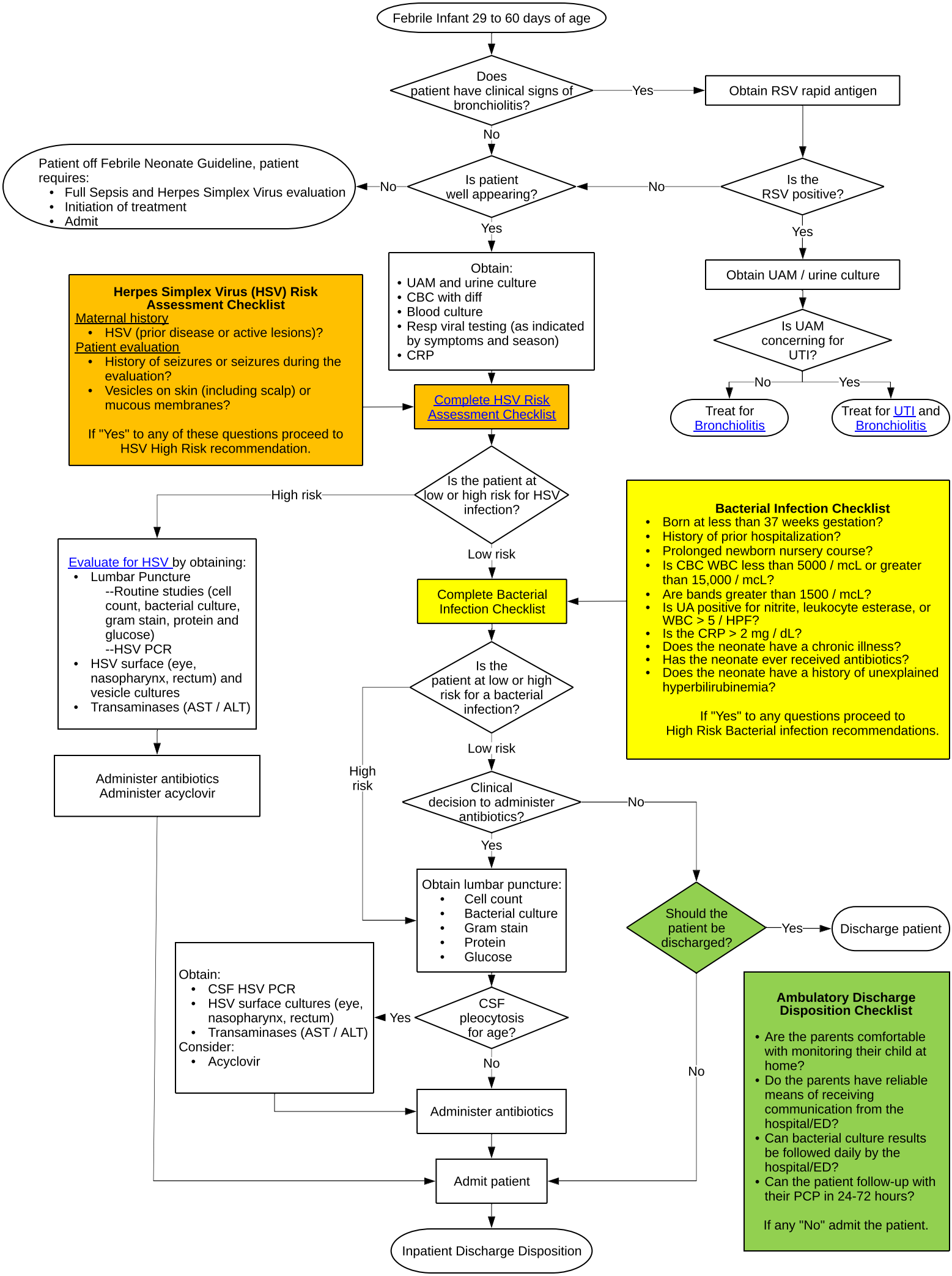
Febrile Infant 29 to 60 days of age
Does patient have clinical signs of bronchiolitis?
Yes
Obtain RSV rapid antigen
No
Is the RSV positive?
No
Is patient well appearing?
No
Patient off Febrile Neonate Guideline, patient requires:
• Full Sepsis and Herpes Simplex Virus evaluation
• Initiation of treatment
• Admit
Yes
Yes
Obtain:
• UAM and urine culture
• CBC with diff
• Blood culture
• Resp viral testing (as indicated by symptoms and season)
• CRP
Obtain UAM / urine culture
Is UAM concerning for UTI?
No
Yes
Treat for Bronchiolitis
Treat for UTI and Bronchiolitis
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.
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
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.
Is the patient at low or high risk for a bacterial infection?
High risk
Low risk
Clinical decision to administer antibiotics?
No
Yes
Obtain lumbar puncture:
• Cell count
• Bacterial culture
• Gram stain
• Protein
• Glucose
Should the patient be discharged?
Yes
Discharge patient
Obtain:
• CSF HSV PCR
• HSV surface cultures (eye, nasopharynx, rectum)
• Transaminases (AST / ALT)
Consider:
• Acyclovir
Yes
CSF pleocytosis for age?
No
No
Administer antibiotics
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.
Admit patient
Inpatient Discharge Disposition