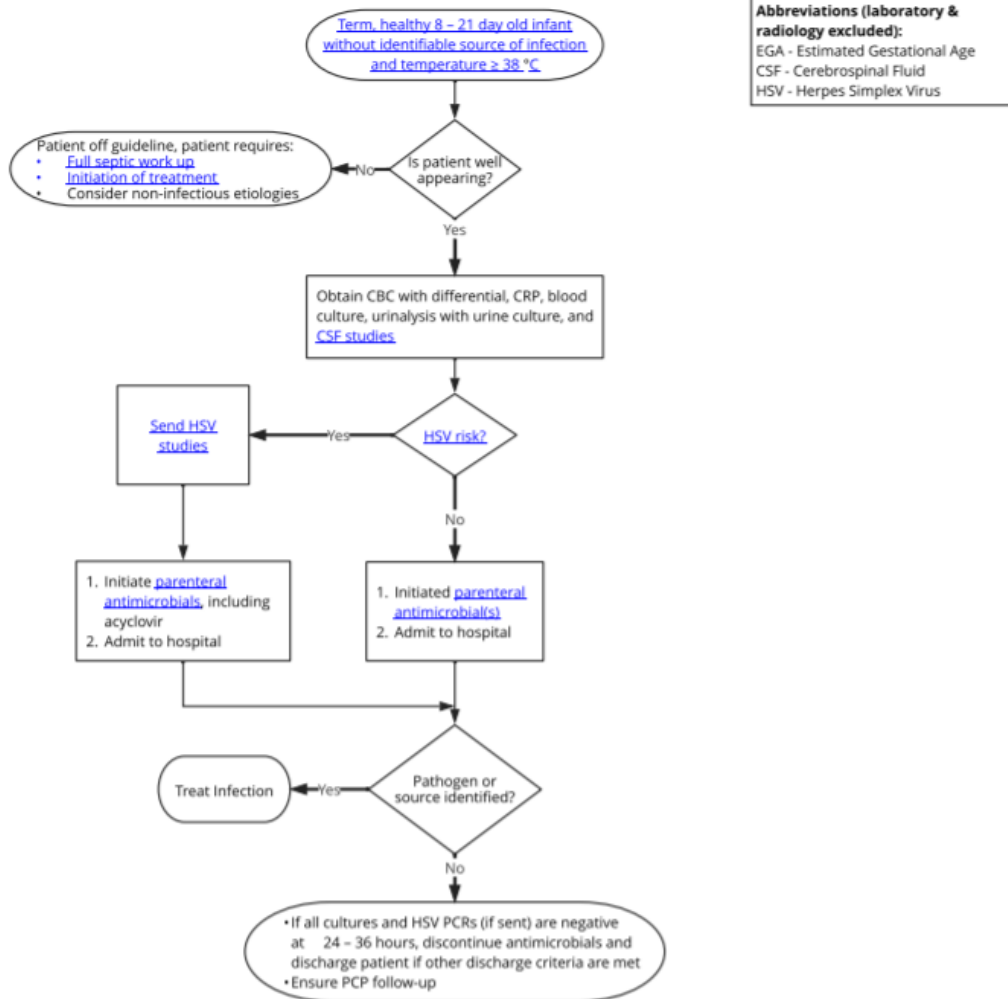
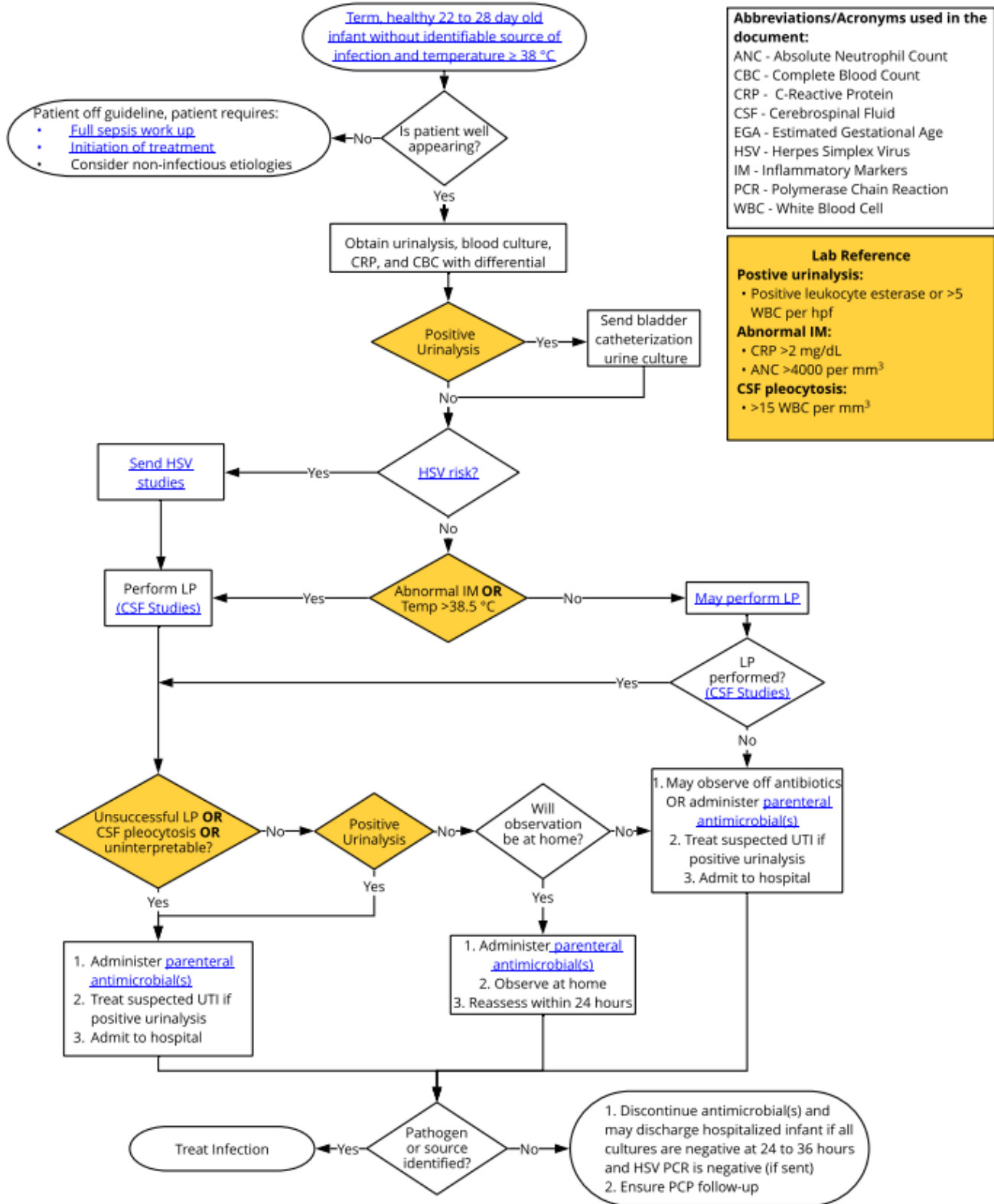


**Children's Mercy Kansas City (CMKC)
 Evidence Based Practice Clinical Practice Guide Committee**

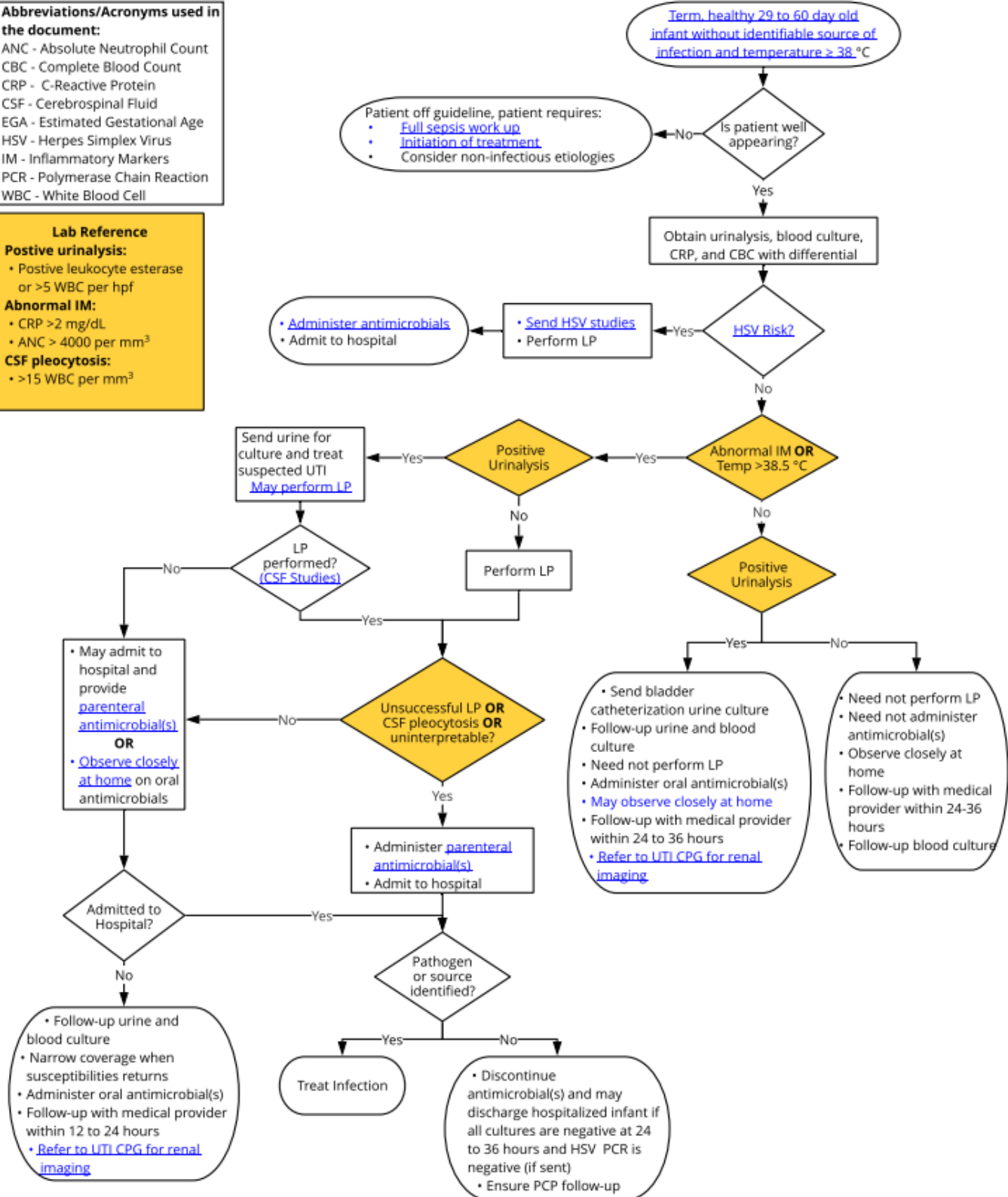
Febrile Infant 8 to 60 Days





Abbreviations/Acronyms used in the document:
 ANC - Absolute Neutrophil Count
 CBC - Complete Blood Count
 CRP - C-Reactive Protein
 CSF - Cerebrospinal Fluid
 EGA - Estimated Gestational Age
 HSV - Herpes Simplex Virus
 IM - Inflammatory Markers
 PCR - Polymerase Chain Reaction
 WBC - White Blood Cell

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



Background

Fever in infants can at times be the only sign of invasive bacterial infection. Although rates are lower than in the past (Pantell et al, 2021), missed diagnoses can have serious long-term adverse outcomes. Many febrile infants undergo extensive laboratory evaluations, including blood, urine, and cerebrospinal fluid cultures, followed by empiric broad spectrum antibiotics and hospitalization (Powell et al, 2019). However, risks associated with these medical interventions are increasingly recognized (Pantell et al, 2021), prompting the development of evidence-based strategies for a more targeted approach. In 2021, the American Academy of Pediatrics (AAP) Subcommittee on Febrile Infants updated the clinical practice guidelines, providing recommendations based on patient age, clinical presentation, and laboratory findings. These recommendations assist providers in identifying infants at low risk of invasive bacterial infection and choosing diagnostic and therapeutic interventions for those at higher risk (Pantell et al, 2021).

Objective of Guideline

To provide care standards for well-appearing febrile infants throughout the care continuum.

Perspective of Guideline

- Provider
- Patient/Family
- Health System (CMKC)
- Community

Target Users

- Emergency Department and Urgent Care Clinic Providers
- General Pediatricians
- Pediatric Hospitalists
- Fellows
- Resident Physicians
- Pediatric Nurse Practitioners

Target Population

Guideline Inclusion Criteria

- Well-appearing
- Full-term (≥ 37 weeks estimated gestational age)
- 8 to 60-days of age
- Temperature ≥ 38 °C at home in the past 24 hours or determined in a clinical setting
- Without an identifiable source of infection

Guideline Exclusion Criteria

- ≤ 7 days
- Preterm infants ≤ 37 weeks
- Younger than 2 weeks of age whose perinatal courses were complicated by maternal fever, infection, and/or antimicrobial use
- High suspicion of herpes simplex virus (HSV) infection (e.g., vesicles).
- Focal bacterial infection (eg, cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards
- Infants with clinical bronchiolitis, with or without positive test results for respiratory syncytial virus (RSV)
- Documented or suspected immune compromise
- Neonatal course was complicated by surgery or infection
- Congenital or chromosomal abnormalities
- Medically fragile infants requiring some form of technology or ongoing therapeutic intervention to sustain life
- Infants who have received immunizations within the last 48 hours

Clinical Questions Answered by Guideline

The American Academy of Pediatric national Guidelines provided guidance to the Febrile Infant CPG committee (Pantell et al., 2021). See Table 1 for AGREE II.

Table 1.
AGREE II^a Summary for the Guideline Patell et al. (2021)

Domain	Percent Agreement	Percent Justification
Scope and purpose	97%	The aim of the guideline, the clinical questions posed and target populations were identified.
Stakeholder involvement	88%	The guideline was developed by the appropriate stakeholders and represents the views of its intended users.
Rigor of development	95%	The process used to gather and synthesize the evidence, the methods to formulate the recommendations and to update the guidelines were explicitly stated.
Clarity and presentation	100%	The guideline recommendations are clear, unambiguous, and easily identified; in addition, different management options are presented.
Applicability	96%	Barriers and facilitators to implementation, strategies to improve utilization and resource implications were addressed in the guideline.
Editorial independence	100%	The recommendations were not biased with competing interests.
Committee's recommendation for guideline use	Yes with modification	

Note: Three Evidence Based Practice (EBP) Scholars completed the AGREE II on this guideline.

Practice Recommendations:

Please refer to the American Academy of Pediatrics (Pantell et al., 2021) Clinical Practice Guideline for full practice recommendations, evaluation, and treatment recommendations.

Children's Mercy Practice Recommendations and Reasoning:

Children's Mercy adopted the majority of the practice recommendations made by the AAP Clinical Practice Guideline. Deviations include:

- The AAP recommends gentamicin for infants 8-21 days of age with suspected UTI or suspected infection with no focus identified. Gentamicin is generally not preferred at Children's Mercy; choices should be made based on clinical factors and local susceptibility patterns.
- The AAP advises that providers **may** obtain inflammatory markers (i.e., procalcitonin, CRP, CBC) for infants 8-21 days of age. They are not strongly recommended due to the fact that lumbar puncture is recommended in infants of this age regardless of inflammatory markers. However, Children's Mercy does recommend CRP and CBC for infants 8-21 days of age. Lumbar puncture may be unsuccessful, yield too little CSF, or yield CSF with many red blood cells, making it difficult to interpret CSF WBC count and/or culture. In these cases, inflammatory markers may help guide the treatment plan.
- The AAP recommends that providers **may** obtain CSF studies for those infants 29-60 days of age with positive inflammatory markers and a negative urinalysis. However, we recognize the importance of consistency in care among settings and providers across our institution. To safely minimize variation in practice, Children's Mercy recommends providers obtain CSF

for infants 29-60 days of age with elevated inflammatory markers and no identifiable source.

Measures

In coordination with the AAP Value in Pediatrics Network REVISE II collaborative, quality measures include:

- Primary Outcomes
 - Appropriately obtained CSF, if indicated
 - Appropriate disposition from the emergency department
 - Correct receipt of antibiotics, if indicated
 - Timely discharge from the hospital within 36 hours of blood culture being received by the lab
- Balancing Measures
 - Emergency department revisit within 7 days
 - Readmission within 7 days
 - Delayed diagnosis of invasive bacterial infections

Cost Implications:

The following potential improvements may reduce costs and resource utilization for healthcare facilities and reduce healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families.

- Decreased risk of overdiagnosis
- Decreased risk of overtreatment (i.e., treatment for meningitis when treatment for urinary tract infection is more appropriate)
- Decreased frequency of admission
- Decreased inpatient length of stay
- Decreased unwarranted variation in care

Organizational Barriers:

- Variability of acceptable level of risk among providers
- Challenges with follow-up faced by some families

Organizational Facilitators:

- Collaborative engagement across care settings in CPG development
- High rate of use of CPG
- Standardized order set for Urgent Care Clinic, Emergency Department, and Hospital Medicine

Order Sets (see Appendix)

How guideline was placed into practice

Once approved, the guideline was presented to appropriate care teams and implemented. In coordination with the AAP Value in Pediatrics Network REVISE II collaborative, care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur.

Guideline Preparation

This guideline was prepared by the Evidence Based Practice (EBP) Department in collaboration with content experts at Children's Mercy Kansas City. The development of this guideline supports the Service and Performance Excellence initiative to promote care standardization that builds a culture of quality and safety that is evidenced by measured outcomes. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Febrile Infant CPG Committee Members and Representation

- Christopher Veit, MD, MHPE, FAAP | Hospital Medicine | Committee Chair
- Stephanie Karnik, MD | Emergency Medicine | Committee Chair
- Josh Herigon, MD, MPH, MBI | Infectious Diseases | Committee member
- Maria Blanco, MD | Urgent Care | Committee member
- Alaina Burns, Pharm.D., BCPPS | Pharmacy | Committee member
- Jordan Marquess, MD | Pediatric Resident | Committee member

EBP Committee Members

- Katie Berg, MD, FAAP | Evidence Based Practice & Hospital Medicine | Committee member
- Jarrod Dusin, MS, RD, LD, CPHQ | Evidence Based Practice | Committee member

Guideline Development Funding

The development of this guideline was underwritten by the Department of EBP and the divisions of Hospital Medicine, Emergency Medicine, Infectious Diseases, and Urgent Care.

Approval Process

This guideline was reviewed and approved internally by Hospital Medicine, Emergency Medicine, Infectious Diseases, Urgent Care, Content Expert Committee, the EBP Department, Medical Executive, and other appropriate hospital committees deemed suitable for this guideline's intended use. Guidelines are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert committees will be involved with every review and update.

Approval Obtained

Department/Unit	Date Approved
Hospital Medicine	February 2022
Emergency Medicine	February 2022
Infectious Diseases	February 2022
Urgent Care	February 2022
Medical Executive	March 2022

Version History

Date	Comments
2/2/2022	Version 2

Disclaimer

The content experts and the Office of EBP are aware of the controversies surrounding the Febrile Infant CPG. When evidence is lacking or inconclusive, options in care are provided in the guideline and the order sets that accompany the guideline.

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time.

It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly, these guidelines should guide care with the understanding that departures from them may be required at times

References

- Brouwers, M.C. et al. for the AGREE Next Steps Consortium. (2010) AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Canadian Medical Association Journal*, 182, E839-842. Retrieved from <https://www.agreetrust.org/wp-content/uploads/2017/12/AGREE-II-Users-Manual-and-23-item-Instrument-2009-Update-2017.pdf>
- Pantell, R. H., Roberts, K. B., Adams, W. G., Dreyer, B. P., Kuppermann, N., O'Leary, S. T., ... & Teichman, J. S. (2021). Evaluation and management of well-appearing febrile infants 8 to 60 days old. *Pediatrics*, 148(2).
- Powell, E. C., Mahajan, P. V., Roosevelt, G., Hoyle Jr, J. D., Gattu, R., Cruz, A. T., ... & Lillis, K. (2018). Epidemiology of bacteremia in febrile infants aged 60 days and younger. *Annals of emergency medicine*, 71(2), 211-216.

Appendix

Emergency Order Set

Add to Phase Start: **Now** Duration: **None**

\$	Component	Status	Dose ...	Details
EDP Febrile Infant CPG (Initiated Pending)				
Vital Signs/Monitoring				
<input checked="" type="checkbox"/> This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection.				
<input type="checkbox"/>	Temperature			Route: Rectal
<input type="checkbox"/>	Vital signs			T:N, Repeat Vital Signs
<input checked="" type="checkbox"/>	Blood Pressure (BP)			Upper Systolic Limit: 120, Lower Systolic Limit: 70, Upper Diastolic Limit: 80, Lower Diastolic Limit: 30, Upper MAP Limit: 90, Lower MAP Limit: 45
<input type="checkbox"/>	Oxygen/Pulse oximetry			
<input checked="" type="checkbox"/>	Cardiorespiratory monitor			RN to change limits Yes, Upper HR limit 150, Lower HR limit 60, Upper RR limit 50, Lower RR limit 12, Cardiorespiratory Leads 3
Nutrition/Diet				
<input type="checkbox"/>	Regular diet for age			
<input type="checkbox"/>	NPO diet			
<input type="checkbox"/>	NPO Diet Instructions			
<input type="checkbox"/>	Diets			
Nursing				
<input type="checkbox"/>	Gown patient			
<input type="checkbox"/>	Oral sucrose			
<input type="checkbox"/>	Suction by Nurse			
Miscellaneous				
<input type="checkbox"/>	EDP Febrile Infant 0-7 Days			
<input type="checkbox"/>	EDP Febrile Infant 8-21 Days CPG			
<input type="checkbox"/>	EDP Febrile Infant 22-28 Days CPG			
<input type="checkbox"/>	EDP Febrile Infant 29-60 days CPG			

Add | Document Medication by Hr | Reconciliation* | External Rx History* | No Check*

Reconciliation Status: Admission Discharge

Orders Medication List

View

- Orders for Signature
- ONCR AALL1131 High Risk B-ALL (Arm A) (Discontinued)
- Plans
- ED/UCC
- EDP Febrile Infant 0 - 28 days CPG (Initiated Pending)
- EDP Febrile Infant 0-7 Days (Initiated Pending)
- Medical/Surgical
- Home Health/DME (Initiated - Rejected)
- Suggested Plans (0)
- Orders
- Admit/Transfer
- Code Status
- Vital Signs/Monitoring
- Nutrition/Diet
- Nursing
- Respiratory
- Consults/Therapy
- Nurse Ordered Labs/POC
- Laboratory
- Blood Bank
- Radiology
- Diagnostic Tests/Procedures
- Continuous Medications/Fluids
- Medications
- Miscellaneous
- Discharge
- Non Categorized
- Medical Supplies
- Medication History
- Medication History Snapshot
- Reconciliation History

\$	Component	Status	Dose ...	Details
Return to EDP Febrile Infant 0 - 28 days CPG				
Nursing				
<input checked="" type="checkbox"/> This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection.				
<input checked="" type="checkbox"/> The 2021 AAP Clinical Practice Guideline and CMH Clinical Practice Guideline do not include patients < 8 days of age.				
<input checked="" type="checkbox"/>	Lumbar puncture set up			
Laboratory				
<input checked="" type="checkbox"/> Full Sepsis Evaluation-well appearing without identifiable source				
<input checked="" type="checkbox"/>	CBC w/Differential (CBCD)			Blood, Stat collect, T:N
<input checked="" type="checkbox"/>	CRP			Blood, Stat collect, T:N
<input checked="" type="checkbox"/>	Culture Blood (Blood Culture)			Urgent collect, T:N, Nurse collect
<input checked="" type="checkbox"/>	UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old.			
<input checked="" type="checkbox"/>	UTI Screening Algorithm (Urinalysis)			Urine Catheterized, Stat collect, T:N, Collected
<input checked="" type="checkbox"/>	Blood glucose monitoring POC (Glucose monitoring POC)			
<input type="checkbox"/>	RSV PCR			Nasopharyngeal Swab, Stat collect, T:N
<input type="checkbox"/>	Flu A/B PCR			Nasopharyngeal Swab, Stat collect, T:N
<input type="checkbox"/>	COVID-19 Rapid RT PCR			Nasopharyngeal Swab, Stat collect, T:N
<input type="checkbox"/>	Respiratory Panel PCR \$\$			
CSF Labs				
<input checked="" type="checkbox"/>	Cell Count CSF			Stat collect, T:N
<input checked="" type="checkbox"/>	Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain)			CSF Lumbar Puncture
<input checked="" type="checkbox"/>	Glucose Level CSF			Cerebrospinal Fluid, Stat collect, T:N
<input checked="" type="checkbox"/>	Protein Level CSF			Puncture, Stat collect, T:N
<input checked="" type="checkbox"/> Recommended in Summer and Fall months				
<input type="checkbox"/>	Enterovirus PCR			Cerebrospinal Fluid, Stat collect, T:N
FEBRILE INFANT HSV INDICATIONS				
<input checked="" type="checkbox"/> HSV Risk Assessment				
<input type="checkbox"/>	Basic Metabolic Panel (BMP)			Blood, Urgent collect, T:N
<input type="checkbox"/>	Hepatic Function Panel			Blood, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Blood, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Cerebrospinal Fluid, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Eye, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Mucocutaneous Lesion, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Cutaneous lesion, Stat collect, T:N
<input type="checkbox"/>	HSV 1/2 PCR \$			Neonate Multiple Sites, Stat collect, T:N

Continuous Medications/Fluids	
<input type="checkbox"/>	sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes
<input checked="" type="checkbox"/>	IV placement
<input type="checkbox"/>	IV + PO
<input type="checkbox"/>	Saline lock
Medications	
Choose ampicillin with either ceftazidime OR gentamicin	
<input checked="" type="checkbox"/>	ampicillin 100 mg/kg, IV, 1 time only
<input checked="" type="checkbox"/>	cefTAZidime 50 mg/kg, IV, 1 time only
<input type="checkbox"/>	gentamicin 5 mg/kg, IV, 1 time only For IV: This drug requires therapeutic monitoring, do NOT adjust to standard times.
<input type="checkbox"/>	acyclovir 20 mg/kg, IV, 1 time only
Topical Analgesics	
<input checked="" type="checkbox"/>	lidocaine topical (AneCream 4% topical cream)
<input checked="" type="checkbox"/>	lidocaine/sodium bicarbonate (buffered lidocaine 0.9% in J-Tip)

8-21 days

\$	▼	Component	Status	Dose ...	Details
EDP Febrile Infant CPG, EDP Febrile Infant 8-21 Days CPG (Initiated Pending)					
Nursing					
This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection.					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lumbar puncture set up			
Laboratory					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CBC w/Differential (CBCD)			Blood, Stat collect, T;N, Nurse collect
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CRP			Blood, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Culture Blood (Blood Culture)			Urgent collect, T;N, Nurse collect
UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old.					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	UTI Screening Algorithm (Urinalysis)			Urine Catheterized, Urgent collect, T;N, Collected
<input type="checkbox"/>	<input type="checkbox"/>	RSV PCR			
<input type="checkbox"/>	<input type="checkbox"/>	Flu A/B PCR			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COVID-19 Rapid RT PCR			
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Panel PCR \$\$			
CSF Labs					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cell Count CSF			Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain)			CSF Lumbar Puncture, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Glucose Level CSF			Cerebrospinal Fluid, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Protein Level CSF			Puncture, Stat collect, T;N
Recommended in summer and fall months					
<input type="checkbox"/>	<input type="checkbox"/>	Enterovirus PCR			Cerebrospinal Fluid, Stat collect, T;N
FEBRILE INFANT HSV INDICATIONS					
HSV Risk Assessment					
<input type="checkbox"/>	<input type="checkbox"/>	Basic Metabolic Panel (BMP)			Blood, Urgent collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	Hepatic Function Panel			Blood, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Blood, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Cerebrospinal Fluid, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Eye, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Mucocutaneous Lesion, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Cutaneous lesion, Stat collect, T;N
<input type="checkbox"/>	<input type="checkbox"/>	HSV 1/2 PCR \$			Neonate Multiple Sites, Stat collect, T;N
Continuous Medications/Fluids					
<input type="checkbox"/>	sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes				
<input checked="" type="checkbox"/>	IV placement				
<input type="checkbox"/>	IV + PO				
<input type="checkbox"/>	Saline lock				
Medications					
<input checked="" type="checkbox"/>	ampicillin 75 mg/kg, IV, 1 time only				
<input checked="" type="checkbox"/>	cefTAZidime 50 mg/kg, IV, 1 time only				
Empiric HSV					
<input type="checkbox"/>	acyclovir 20 mg/kg, IV, 1 time only				
Topical Analgesics					
<input checked="" type="checkbox"/>	lidocaine topical (AneCream 4% topical cream)				
<input checked="" type="checkbox"/>	lidocaine/sodium bicarbonate (buffered lidocaine 0.9% in J-Tip)				

22-28 days

EDP Febrile Infant > CPG, EDP Febrile Infant 22-28 Days CPG (Initiated Pending)	
<input checked="" type="checkbox"/> Nursing <ul style="list-style-type: none"> This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection. The CMH Febrile Infant Clinical Practice Guideline algorithm should be used determine which patients require lumbar puncture, empiric antimicrobials, and/or hospital admission. <input checked="" type="checkbox"/> Lumbar puncture set up 	
<input checked="" type="checkbox"/> Laboratory <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CBC w/Differential (CBCD) <input checked="" type="checkbox"/> CRP <input checked="" type="checkbox"/> Culture Blood (Blood Culture) UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old. <input checked="" type="checkbox"/> UTI Screening Algorithm (Urinalysis) Stat collect, T;N <input checked="" type="checkbox"/> RSV PCR Nasopharyngeal Swab, Stat collect, T;N <input checked="" type="checkbox"/> Flu A/B PCR Nasopharyngeal Swab, Stat collect, T;N <input checked="" type="checkbox"/> COVID-19 Rapid RT PCR Nasopharyngeal Swab, Stat collect, T;N <input checked="" type="checkbox"/> Respiratory Panel PCR \$\$\$ 	
FEBRILE INFANT HSV INDICATIONS <ul style="list-style-type: none"> HSV Risk Assessment <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Basic Metabolic Panel (BMP) Blood, Urgent collect, T;N <input checked="" type="checkbox"/> Hepatic Function Panel Blood, Stat collect, T;N <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Blood, Stat collect, T;N <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Cerebrospinal Fluid <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Eye, Stat collect, T;N <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Mucocutaneous Lesion, Stat collect, T;N <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Cutaneous lesion, Stat collect, T;N <input checked="" type="checkbox"/> HSV 1/2 PCR \$ Neonate Multiple Sites 	
<input checked="" type="checkbox"/> CSF Labs <ul style="list-style-type: none"> Abnormal Inflammatory Markers or Temp >38.5 degrees celcius <input checked="" type="checkbox"/> Cell Count CSF Stat collect, T;N <input checked="" type="checkbox"/> Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain) CSF Lumbar Puncture, Stat collect, T;N <input checked="" type="checkbox"/> Glucose Level CSF Cerebrospinal Fluid, Stat collect, T;N <input checked="" type="checkbox"/> Protein Level CSF Puncture, Stat collect, T;N Recommended in Summer and Fall months <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Enterovirus PCR Cerebrospinal Fluid, Stat collect, T;N 	
<input checked="" type="checkbox"/> Continuous Medications/Fluids <ul style="list-style-type: none"> <input checked="" type="checkbox"/> sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes <input checked="" type="checkbox"/> IV placement <input checked="" type="checkbox"/> IV + PO <input checked="" type="checkbox"/> Saline lock 	
<input checked="" type="checkbox"/> Medications <ul style="list-style-type: none"> Suspected bacterial meningitis OR CSF results not available <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ampicillin 75 mg/kg, IV, 1 time only <input checked="" type="checkbox"/> cefTAZidime 50 mg/kg, IV, 1 time only UTI <ul style="list-style-type: none"> <input checked="" type="checkbox"/> cefTRIAxone 50 mg/kg, IV, 1 time only Max dose: 2000 mg No focus identified (low concern for bacterial meningitis) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> cefTRIAxone 50 mg/kg, IV, 1 time only Max dose: 2000 mg Empiric HSV <ul style="list-style-type: none"> <input checked="" type="checkbox"/> acyclovir 20 mg/kg, IV, 1 time only 	
<input checked="" type="checkbox"/> Topical Analgesics <ul style="list-style-type: none"> <input checked="" type="checkbox"/> lidocaine topical (AneCream 4% topical cream) <input checked="" type="checkbox"/> lidocaine/sodium bicarbonate (buffered lidocaine 0.9% in J-Tip) 	

29-60 days

EDP Febrile Infant CPG, EDP Febrile Infant 29-60 days CPG (Initiated Pending)	
Nursing	
	This Power Plan only applies to infants born at \geq 37 weeks gestational age who are well-appearing with no identifiable source of infection.
	The CMH Febrile Infant Clinical Practice Guideline algorithm should be used determine which patients require lumbar puncture, empiric antimicrobials, and/or hospital admission.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lumbar puncture set up
Laboratory	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/Differential (CBCD) Blood, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> CRP Blood, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Culture Blood (Blood Culture) Stat collect, T;N, Nurse collect
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UTI Screening Algorithm (Urinalysis) Urine Catheterized, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> RSV PCR Nasopharyngeal Swab, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Flu A/B PCR Nasopharyngeal Swab, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> COVID-19 Rapid RT PCR Nasopharyngeal Swab, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory Panel PCR SS
FEBRILE INFANT HSV INDICATIONS	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> HSV Risk Assessment
<input type="checkbox"/>	<input checked="" type="checkbox"/> Basic Metabolic Panel (BMP) Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hepatic Function Panel Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Blood, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Cerebrospinal Fluid, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Eye, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Mucocutaneous Lesion, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Cutaneous lesion, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> HSV 1/2 PCR S Neonate Multiple Sites, Stat collect, T;N
CSF Labs	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Cell Count CSF Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain) CSF Lumbar Puncture, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Glucose Level CSF Cerebrospinal Fluid, Stat collect, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/> Protein Level CSF Puncture, Stat collect, T;N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Recommended in Summer and Fall months
<input type="checkbox"/>	<input checked="" type="checkbox"/> Enterovirus PCR Cerebrospinal Fluid, Stat collect, T;N
Continuous Medications/Fluids	
<input type="checkbox"/>	<input checked="" type="checkbox"/> sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes
<input type="checkbox"/>	<input checked="" type="checkbox"/> IV placement
<input type="checkbox"/>	<input checked="" type="checkbox"/> IV + PO
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline lock
Medications	
Suspected bacterial meningitis	
<input type="checkbox"/>	<input checked="" type="checkbox"/> cefTRIAXone 50 mg/kg, IV, 1 time only Max dose: 2000 mg
<input type="checkbox"/>	<input checked="" type="checkbox"/> vancomycin 20 mg/kg, IV, 1 time only IV: This drug requires therapeutic monitoring, do NOT adjust to standard times.
UTI	
<input type="checkbox"/>	<input checked="" type="checkbox"/> cefTRIAXone 50 mg/kg, IV, 1 time only Max dose: 2000 mg
<input type="checkbox"/>	<input checked="" type="checkbox"/> cephalixin 30 mg/kg, PO, 1 time only
<input type="checkbox"/>	<input checked="" type="checkbox"/> cefixime 8 mg/kg, PO, 1 time only
No focus identified (low concern for bacterial meningitis)	
<input type="checkbox"/>	<input checked="" type="checkbox"/> cefTRIAXone 50 mg/kg, IV, 1 time only Max dose: 2000 mg
Empiric HSV	
<input type="checkbox"/>	<input checked="" type="checkbox"/> acyclovir 20 mg/kg, IV, 1 time only
Topical Analgesics	
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine topical (AneCream 4% topical cream)
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine/sodium bicarbonate (buffered lidocaine 0.9% in J-Tip)

Inpatient Order Set

Febrile Infant 0 - 28 days (Inpatient), Febrile Infant 0-7 Days (Planned Pending)

<p>Nursing</p> <ul style="list-style-type: none"> This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection. The 2021 AAP Clinical Practice Guideline and CMH Clinical Practice Guideline do not include patients < 8 days of age. Lumbar puncture set up 	
<p>Laboratory</p> <ul style="list-style-type: none"> Full Sepsis Evaluation--well appearing without identifiable source CBC w/Differential (CBCD) Blood, Stat collect, T,N CRP Blood, Stat collect, T,N Culture Blood (Blood Culture) Urgent collect, T,N, Nurse collect UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old. UTI Screening Algorithm (Urinalysis) Urine Catheterized, Stat collect, T,N, Collected Blood glucose monitoring POC (Glucose monitoring POC) COVID-19 Rapid RT PCR 	
<p>CSF Labs</p> <ul style="list-style-type: none"> Cell Count CSF Stat collect, T,N Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain) CSF Lumbar Puncture Glucose Level CSF Cerebrospinal Fluid, Stat collect, T,N Protein Level CSF Puncture, Stat collect, T,N Recommended in Summer and Fall months Enterovirus PCR Cerebrospinal Fluid, Stat collect, T,N 	
<p>FEBRILE INFANT HSV INDICATIONS</p> <ul style="list-style-type: none"> HSV Risk Assessment Basic Metabolic Panel (BMP) Blood, Urgent collect, T,N Hepatic Function Panel Blood, Stat collect, T,N HSV 1/2 PCR \$ Blood, Stat collect, T,N HSV 1/2 PCR \$ Cerebrospinal Fluid, Stat collect, T,N HSV 1/2 PCR \$ Eye, Stat collect, T,N HSV 1/2 PCR \$ Mucocutaneous Lesion, Stat collect, T,N HSV 1/2 PCR \$ Cutaneous lesion, Stat collect, T,N HSV 1/2 PCR \$ Neonate Multiple Sites, Stat collect, T,N 	
<p>Continuous Medications/Fluids</p> <ul style="list-style-type: none"> sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes HSV 1/2 PCR \$ Neonate Multiple Sites, Stat collect, T,N 	
<p>Continuous Medications/Fluids</p> <ul style="list-style-type: none"> sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes DSW with 0.9% NaCl and KCl 20 mEq/L (DSNS with KCl 20mEq/L) DSW with 0.45% NaCl and KCl 20 mEq/l IV, 1,000 mL IV placement IV + PO Saline lock 	
<p>Medications</p> <ul style="list-style-type: none"> Choose ampicillin with either ceftazidime OR gent ampicillin 100 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s) ceftazidime 50 mg/kg, IV Push, q8hr, Rule Out Sepsis, 72, hr(s) gentamicin 5 mg/kg, IV, q24hr, Rule Out Sepsis, 72, hr(s) For IV: This drug requires therapeutic monitoring, do NOT adjust to standard times. acyclovir 20 mg/kg, IV, q8hr, Treatment 	
<p>Topical Analgesics</p> <ul style="list-style-type: none"> lidocaine topical (AneCream 4% topical cream) lidocaine/sodium bicarbonate (buffered lidocaine 0.9% in J-Tip) 	

8-21 days

Febrile Infant 0 - 28 days (Inpatient), Febrile Infant 8-21 Days CPG (Planned Pending)

<p>Nursing</p> <ul style="list-style-type: none"> This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection. Lumbar puncture set up 	
<p>Laboratory</p> <ul style="list-style-type: none"> CBC w/Differential (CBCD) Blood, Stat collect, T,N, Nurse collect CRP Blood, Stat collect, T,N Culture Blood (Blood Culture) Urgent collect, T,N, Nurse collect UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old. UTI Screening Algorithm (Urinalysis) Urine Catheterized, Urgent collect, T,N, Collected COVID-19 Rapid RT PCR 	
<p>CSF Labs</p> <ul style="list-style-type: none"> Cell Count CSF Stat collect, T,N Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain) CSF Lumbar Puncture, Stat collect, T,N Glucose Level CSF Cerebrospinal Fluid, Stat collect, T,N Protein Level CSF Puncture, Stat collect, T,N Recommended in summer and fall months Enterovirus PCR Cerebrospinal Fluid 	
<p>FEBRILE INFANT HSV INDICATIONS</p> <ul style="list-style-type: none"> HSV Risk Assessment Basic Metabolic Panel (BMP) Blood, Urgent collect, T,N Hepatic Function Panel Blood, Stat collect, T,N HSV 1/2 PCR \$ Blood, Stat collect, T,N HSV 1/2 PCR \$ Cerebrospinal Fluid, Stat collect, T,N HSV 1/2 PCR \$ Eye, Stat collect, T,N HSV 1/2 PCR \$ Mucocutaneous Lesion, Stat collect, T,N HSV 1/2 PCR \$ Cutaneous lesion, Stat collect, T,N HSV 1/2 PCR \$ Neonate Multiple Sites, Stat collect, T,N 	
<p>Continuous Medications/Fluids</p> <ul style="list-style-type: none"> sodium chloride 0.9% (NS fluid bolus) STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes DSW with 0.9% NaCl and KCl 20 mEq/L (DSNS with KCl 20mEq/L) DSW with 0.45% NaCl and KCl 20 mEq/l IV, 1,000 mL IV placement 	

<input type="checkbox"/>		D5W with 0.9% NaCl and KCl 20 mEq/L (D5NS with KCl 20mEq/L)	
<input type="checkbox"/>		D5W with 0.45% NaCl and KCl 20 mEq/l	IV, 1,000 mL
<input type="checkbox"/>		IV placement	
<input type="checkbox"/>		IV + PO	
<input type="checkbox"/>		Saline lock	
Medications			
<input type="checkbox"/>		Suspected bacterial meningitis	
<input type="checkbox"/>		ampicillin	75 mg/kg, IV, q6hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		cefTAZidime	50 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		Suspected UTI	
<input type="checkbox"/>		ampicillin	50 mg/kg, IV, q8hr, UTI/Genitourinary, 72, hr(s)
<input type="checkbox"/>		cefTAZidime	50 mg/kg, IV, q8hr, UTI/Genitourinary, 72, hr(s)
<input type="checkbox"/>		No focus identified (low concern for bacterial meningitis)	
<input type="checkbox"/>		ampicillin	50 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		cefTAZidime	50 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		Empiric HSV	
<input type="checkbox"/>		acyclovir	20 mg/kg, IV, q8hr, Treatment
Topical Analgesics			
<input type="checkbox"/>		lidocaine topical (AneCream 4% topical cream)	

22-28 days

Component	Status	Use ...	Details
Febrile Infant 0 - 28 days (Inpatient), Febrile Infant 22-28 Days CPG (Planned Pending)			
Nursing			
<input type="checkbox"/>		This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection.	
<input type="checkbox"/>		The CMH Febrile Infant Clinical Practice Guideline algorithm should be used determine which patients require lumbar puncture, empiric antimicrobials, and/or hospital admission.	
<input type="checkbox"/>		Lumbar puncture set up	
Laboratory			
<input type="checkbox"/>		CBC w/Differential (CBCD)	Blood, Stat collect, T,N
<input type="checkbox"/>		CRP	Blood, Stat collect, T,N
<input type="checkbox"/>		Culture Blood (Blood Culture)	Stat collect, T,N, Nurse collect
<input type="checkbox"/>		UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old.	
<input type="checkbox"/>		UTI Screening Algorithm (Urinalysis)	Urine Catheterized, Stat collect, T,N
<input type="checkbox"/>		COVID-19 Rapid RT PCR	
FEBRILE INFANT HSV INDICATIONS			
<input type="checkbox"/>		HSV Risk Assessment	
<input type="checkbox"/>		Basic Metabolic Panel (BMP)	Blood, Urgent collect, T,N
<input type="checkbox"/>		Hepatic Function Panel	Blood, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Blood, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Cerebrospinal Fluid
<input type="checkbox"/>		HSV 1/2 PCR S	Eye, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Mucocutaneous Lesion, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Cutaneous lesion, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Neonate Multiple Sites
CSF Labs			
<input type="checkbox"/>		Abnormal Inflammatory Markers or Temp >38.5 degrees celcius	
<input type="checkbox"/>		Cell Count CSF	Stat collect, T,N
<input type="checkbox"/>		Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain)	CSF Lumbar Puncture, Stat collect, T,N
<input type="checkbox"/>		Glucose Level CSF	Cerebrospinal Fluid, Stat collect, T,N
<input type="checkbox"/>		Protein Level CSF	Puncture, Stat collect, T,N
<input type="checkbox"/>		Recommended in Summer and Fall months	
<input type="checkbox"/>		Enterovirus PCR	Cerebrospinal Fluid, Stat collect, T,N
Continuous Medications/Fluids			
<input type="checkbox"/>		sodium chloride 0.9% (NS fluid bolus)	STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes
<input type="checkbox"/>		D5W with 0.9% NaCl and KCl 20 mEq/L (D5NS with KCl 20mEq/L)	
<input type="checkbox"/>		D5W with 0.45% NaCl and KCl 20 mEq/l	IV, 1,000 mL
<input type="checkbox"/>		IV placement	
<input type="checkbox"/>		IV + PO	
<input type="checkbox"/>		Saline lock	
Medications			
<input type="checkbox"/>		Suspected bacterial meningitis	
<input type="checkbox"/>		ampicillin	75 mg/kg, IV, q6hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		cefTAZidime	50 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s)
<input type="checkbox"/>		UTI	
<input type="checkbox"/>		cefTRIAxone	50 mg/kg, IV, q24hr, UTI/Genitourinary, 72, hr(s) max dose 2000mg
<input type="checkbox"/>		No focus identified (low concern for bacterial meningitis)	
<input type="checkbox"/>		cefTRIAxone	50 mg/kg, IV, q24hr, Rule Out Sepsis, 72, hr(s) max dose 2000mg
<input type="checkbox"/>		Empiric HSV	
<input type="checkbox"/>		acyclovir	20 mg/kg, IV, q8hr, Treatment
Topical Analgesics			
<input type="checkbox"/>		lidocaine topical (AneCream 4% topical cream)	

29-60 days

Nursing			
<input type="checkbox"/>		This Power Plan only applies to infants born at >= 37 weeks gestational age who are well-appearing with no identifiable source of infection.	
<input type="checkbox"/>		The CMH Febrile Infant Clinical Practice Guideline algorithm should be used determine which patients require lumbar puncture, empiric antimicrobials, and/or hospital admission.	
<input type="checkbox"/>		Lumbar puncture set up	
Laboratory			
<input type="checkbox"/>		CBC w/Differential (CBCD)	Blood, Stat collect, T,N
<input type="checkbox"/>		CRP	Blood, Stat collect, T,N
<input type="checkbox"/>		Culture Blood (Blood Culture)	Stat collect, T,N, Nurse collect
<input type="checkbox"/>		UTI Algorithm will automatically place a urine culture if certain analytes are positive and it will place an automatic culture if under 60 days old.	
<input type="checkbox"/>		UTI Screening Algorithm (Urinalysis)	Urine Catheterized, Stat collect, T,N
<input type="checkbox"/>		COVID-19 Rapid RT PCR	
FEBRILE INFANT HSV INDICATIONS			
<input type="checkbox"/>		HSV Risk Assessment	
<input type="checkbox"/>		Basic Metabolic Panel (BMP)	Blood, Urgent collect, T,N
<input type="checkbox"/>		Hepatic Function Panel	Blood, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Blood, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Cerebrospinal Fluid, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Eye, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Mucocutaneous Lesion, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Cutaneous lesion, Stat collect, T,N
<input type="checkbox"/>		HSV 1/2 PCR S	Neonate Multiple Sites, Stat collect, T,N
CSF Labs			
<input type="checkbox"/>		Cell Count CSF	Stat collect, T,N
<input type="checkbox"/>		Culture Cerebrospinal Fluid & Stain (CSF Culture & Gram Stain)	CSF Lumbar Puncture, Stat collect, T,N
<input type="checkbox"/>		Glucose Level CSF	Cerebrospinal Fluid, Stat collect, T,N
<input type="checkbox"/>		Protein Level CSF	Puncture, Stat collect, T,N
<input type="checkbox"/>		Recommended in Summer and Fall months	
<input type="checkbox"/>		Enterovirus PCR	Cerebrospinal Fluid, Stat collect, T,N

Continuous Medications/Fluids		
<input type="checkbox"/>	sodium chloride 0.9% (NS fluid bolus)	STAT, 20 mL/kg, IV, IV Soln, 1 time only Infuse over 20 minutes
<input type="checkbox"/>	D5W with 0.9% NaCl and KCl 20 mEq/L (D5NS with KCl 20mEq/L)	
<input type="checkbox"/>	IV placement	
<input type="checkbox"/>	IV + PO	
<input type="checkbox"/>	Saline lock	
Medications		
Suspected bacterial meningitis		
<input type="checkbox"/>	cefTRIAxone	50 mg/kg, IV, q12hr, Rule Out Sepsis, 72, hr(s) Max dose: 2000 mg
<input type="checkbox"/>	vancomycin	20 mg/kg, IV, q8hr, Rule Out Sepsis, 72, hr(s) IV: This drug requires therapeutic monitoring, do NOT adjust to standard times.
UTI		
<input type="checkbox"/>	cefTRIAxone	50 mg/kg, IV, q24hr, UTI/Genitourinary, 72, hr(s) max dose 2000mg
<input type="checkbox"/>	cephalixin	30 mg/kg, PO, q8hr, UTI/Genitourinary, 72, hr(s)
<input type="checkbox"/>	cefime	8 mg/kg, PO, q24hr, UTI/Genitourinary, 72, hr(s)
No focus identified (low concern for bacterial meningitis)		
<input type="checkbox"/>	cefTRIAxone	50 mg/kg, IV, q24hr, Rule Out Sepsis, 72, hr(s) max dose 2000mg
Empiric HSV		
<input type="checkbox"/>	acyclovir	20 mg/kg, IV, q8hr, Treatment
Topical Analgesics		
<input type="checkbox"/>	lidocaine topical (AneCream 4% topical cream)	