



Inpatient Febrile infant 0-60 days (Temperature $\geq 38^{\circ}\text{C}$)

LOW RISK CRITERIA

- 29 days or older
- Normal vital signs for age
- NO comorbid conditions predisposing to severe or recurrent bacterial illness
- NO previous antibiotics within 72 hours
- Age > 37 weeks GA
- NICU < 72 hours
- NO unexplained hyperbilirubinemia

Blood:

- ANC < 4000
- Procalcitonin < 0.5 ng/mL

Urinalysis:

- UA(-) for nitrites, leukocyte esterase, AND WBC < 5/hpf

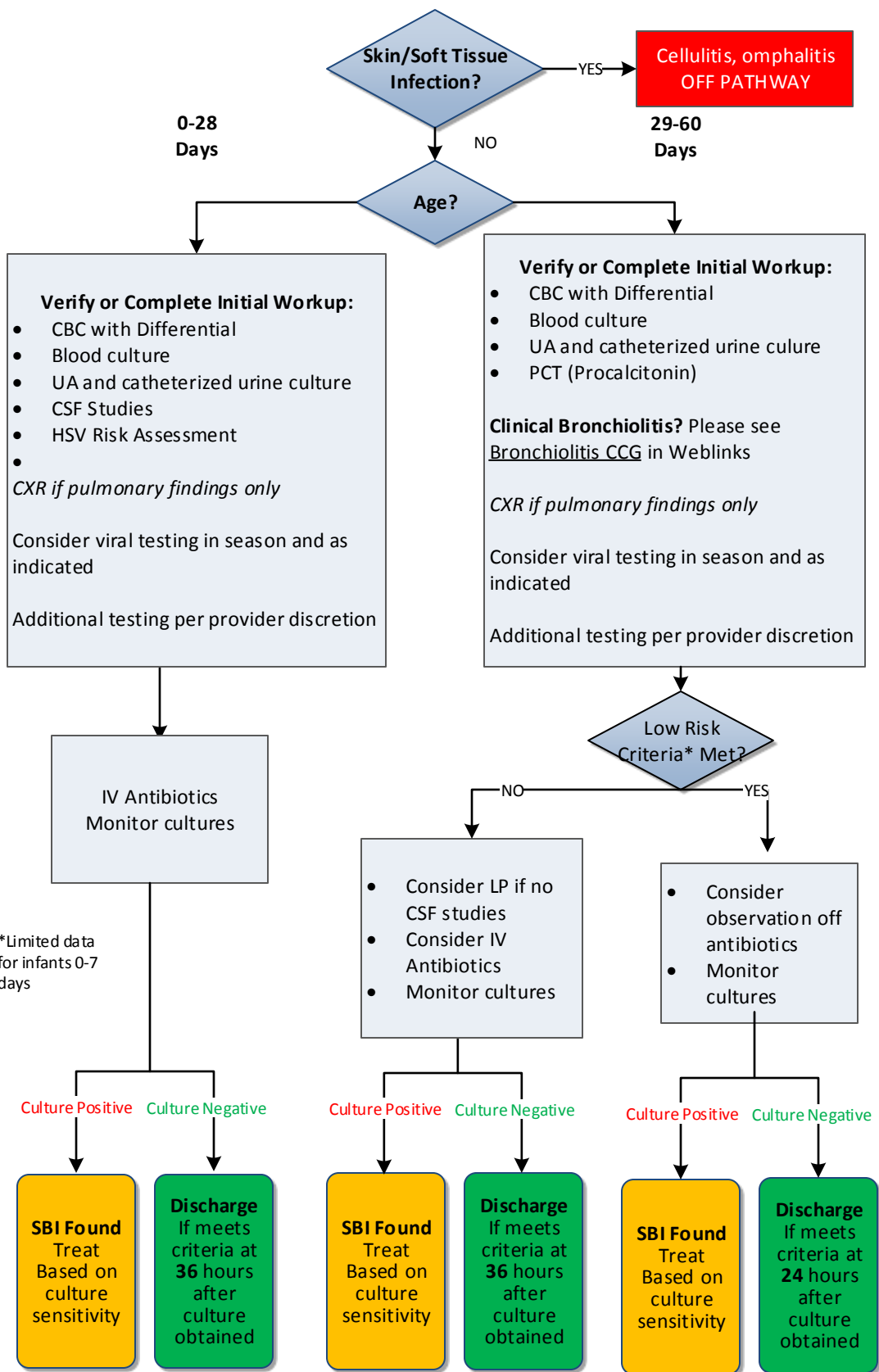
Chest x-ray (if obtained):

- NO infiltrate seen

Discharge criteria

- Negative cultures confirmed
- Adequate oral intake demonstrated
- Contact information confirmed for call back if culture results positive
- Follow-up arranged with PCP within 24-48 hours

See [evidence](#) for this guideline





ADDITIONAL TESTING

Consider additional testing below based on symptoms

Return to
algorithm

GI Symptoms	<ul style="list-style-type: none"> • Stool WBC with diarrhea • Rotavirus PCR • Stool Culture • Abdominal films as indicated
Respiratory symptoms	<ul style="list-style-type: none"> • CXR as indicated (ie, work of breathing) • Respiratory viral panel • Pertussis PCR

DISCUSSION

These guidelines may not be applicable to every patient and do not replace clinical judgement. They should be used to direct care with the understanding that deviation may be required on a case-by-case basis.

Management of Low Risk Infants

- Low risk infants can be closely monitored off antibiotics^{1,2,3,10}
- Low risk infants did not have increased rates of serious bacterial infections^{1,3,10}

Length of Stay

- No increase in readmission & missed SBI rates with shorter LOS⁴
- Most pathogens in febrile infants under 90 days were identified within 24 hours⁵

Lumbar Puncture

- If starting antibiotics, consider obtaining CSF studies prior to administering antibiotics.
- Recommend sending enterovirus PCR during summer through early fall for patients with CSF pleocytosis.
- In the case of pretreated CSF studies, pretreatment should not affect CSF WBC or ANC counts.⁸ Consider an ID consult to discuss management for these cases.

REFERENCES

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Contributors

The team responsible for reviewing evidence and updating this content includes: Jacqueline Corboy, MD; Kiran Kulkarni, MD; SangHee Kim MD, and Sameer Patel, MD. Please contact SKim@luriechildrens.org to request changes or updates to this algorithm and supplement. Version history: 2017, 2018, January 2021.