

# Algorithm for Low-Risk Well-Appearing Febrile Infant: 29-60 days of age, temp $\geq 38C$

**Footnotes:**

\* AAP includes temp  $> 38.5C$ , CRP  $> 2.0$  mg/dl or ANC  $> 4000-5200$  per  $mm^3$  (4.0-5.2) as high risk. CA FIRST 2.0 recommends selective use of CRP including for trending (for home obs) and/or LP & Pabx decision-making.

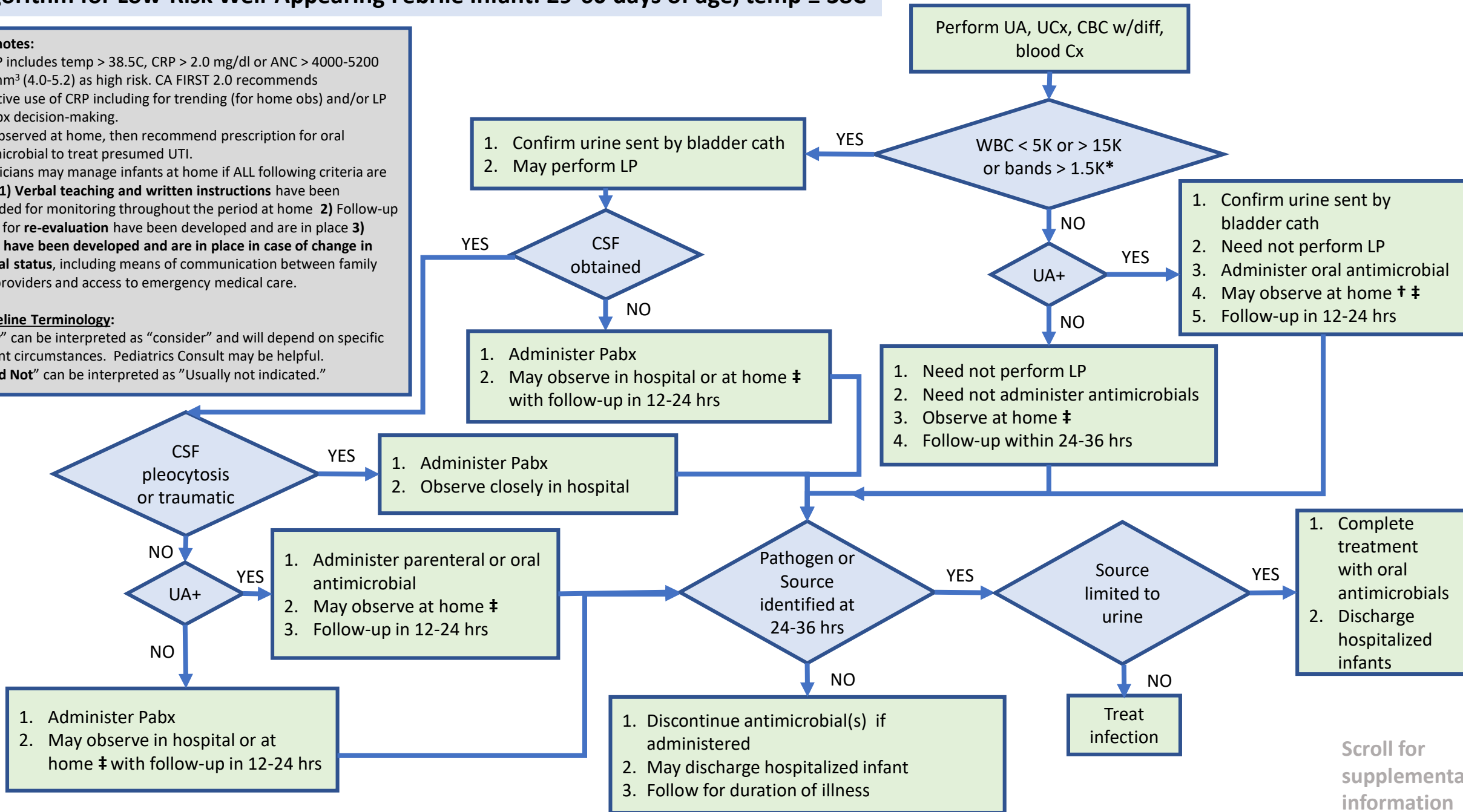
† If observed at home, then recommend prescription for oral antimicrobial to treat presumed UTI.

‡ Clinicians may manage infants at home if ALL following criteria are met: **1) Verbal teaching and written instructions** have been provided for monitoring throughout the period at home **2) Follow-up plans for re-evaluation** have been developed and are in place **3) Plans have been developed and are in place in case of change in clinical status**, including means of communication between family and providers and access to emergency medical care.

**Guideline Terminology:**

“**May**” can be interpreted as “consider” and will depend on specific patient circumstances. Pediatrics Consult may be helpful.

“**Need Not**” can be interpreted as “Usually not indicated.”



Scroll for supplemental information

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### Exclusion criteria

1. Premature infants < 37 wks gestational age
2. Febrile infants with high suspicion of HSV infection (e.g., vesicles)
3. Infants with a focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards.
4. Infants with clinical bronchiolitis, with or without positive tests for RSV
5. Infants with documented or suspected immune compromise
6. Infants whose neonatal course was complicated by surgery or infection
7. Infants with congenital or chromosomal abnormalities
8. Medically fragile infants requiring some form of technology or ongoing therapeutic intervention to sustain life
9. Infants who have received immunizations w/in the last 48 hrs
10. Infants with COVID-19

### Inclusion criteria

Infants 29-60 days of age, well-appearing, temp  $\geq$  38C

### Abbreviations

1. AAP: American Academy of Pediatrics
2. ANC: absolute neutrophil count
3. Cath: catheter
4. CBC w/diff: complete blood count with differential
5. CRP: C-reactive protein
6. CSF: cerebrospinal fluid
7. Cx: culture
8. HSV: herpes simplex virus
9. LP: lumbar puncture
10. Pabx: parenteral antibiotics
11. RSV: respiratory syncytial virus
12. UA: urinalysis
13. UCx: urine culture
14. UTI: urinary tract infection

## CA FIRST Protocol v2.2

### Supplemental Information

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