



Footnotes:

‡ AAP 'may' perform LP and start Pabx with normal labs

§ Although uncommon, CSF pleocytosis may be due to HSV and prompt recognition and treatment is essential.

II 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.

Algorithm for Low-Risk Well-Appearing Febrile Infant: 22-28 days of age, temp 38.0-38.5C with normal labs

Exclusion criteria

1. Premature infants < 37 wks gestational age
2. Febrile infants with high suspicion of HSV infection (e.g., vesicles, seizures) or increased HSV risk ¶
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 with COVID-19

Inclusion criteria

Infants 22-28 days of age, well-appearing, temp \geq 38C

Abbreviations

1. AAP: American Academy of Pediatrics
2. Abnl: abnormal
3. Cath: catheter
4. CBC w/diff: complete blood count with differential
5. CSF: cerebrospinal fluid
6. Cx: culture
7. GBS: Group B streptococcus
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
15. WBC: white blood cell

CA FIRST Protocol v2.2

Supplemental Information

Footnotes

- * AAP includes CRP to assess risk
- † AAP includes CRP > 2.0 mg/dl or ANC > 4000 to 5200 per mm³ (4.0-5.2) as high risk. The AAP does not consider a positive UA as IM+.
- ‡ Recommendations of starting on Pabx
- § Although uncommon, CSF pleocytosis may be due to HSV and prompt recognition and treatment is essential.
- ¶ In addition to the presence of vesicles and/or seizures, infants should be considered at increased risk of HSV if any of the following are present: CSF pleocytosis with a negative gram stain, leukopenia, thrombocytopenia, hypothermia, mucous membrane ulcers, or maternal history of genital HSV lesions or fever from 48 hrs before to 48 hrs after delivery. If liver function tests were obtained, then an elevated ALT also indicates a higher risk of HSV. For further details of evaluation and management of HSV see AAP Redbook.
- || 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.