



**Footnotes:**  
 \* AAP includes CRP to assess risk  
 † AAP includes CRP > 2.0 mg/dl or ANC > 4000-5200 per mm<sup>3</sup> (4.0-5.2) as high risk. The AAP does not consider a positive UA as IM+. CA FIRST 2.0 recommends selective use of CRP including for trending (for home obs) and/or LP & Pabx decision-making.  
 ‡ Although uncommon, CSF pleocytosis may be due to HSV and prompt recognition and treatment is essential.  
 § Our recommendation is less conservative than the AAPs and is based on published/unpublished KPNC-specific data.  
 ¶ Recommendations of low-risk infants starting on Pabx

**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.”

### 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

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§ Recommendations of starting on Pabx

¶ 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.