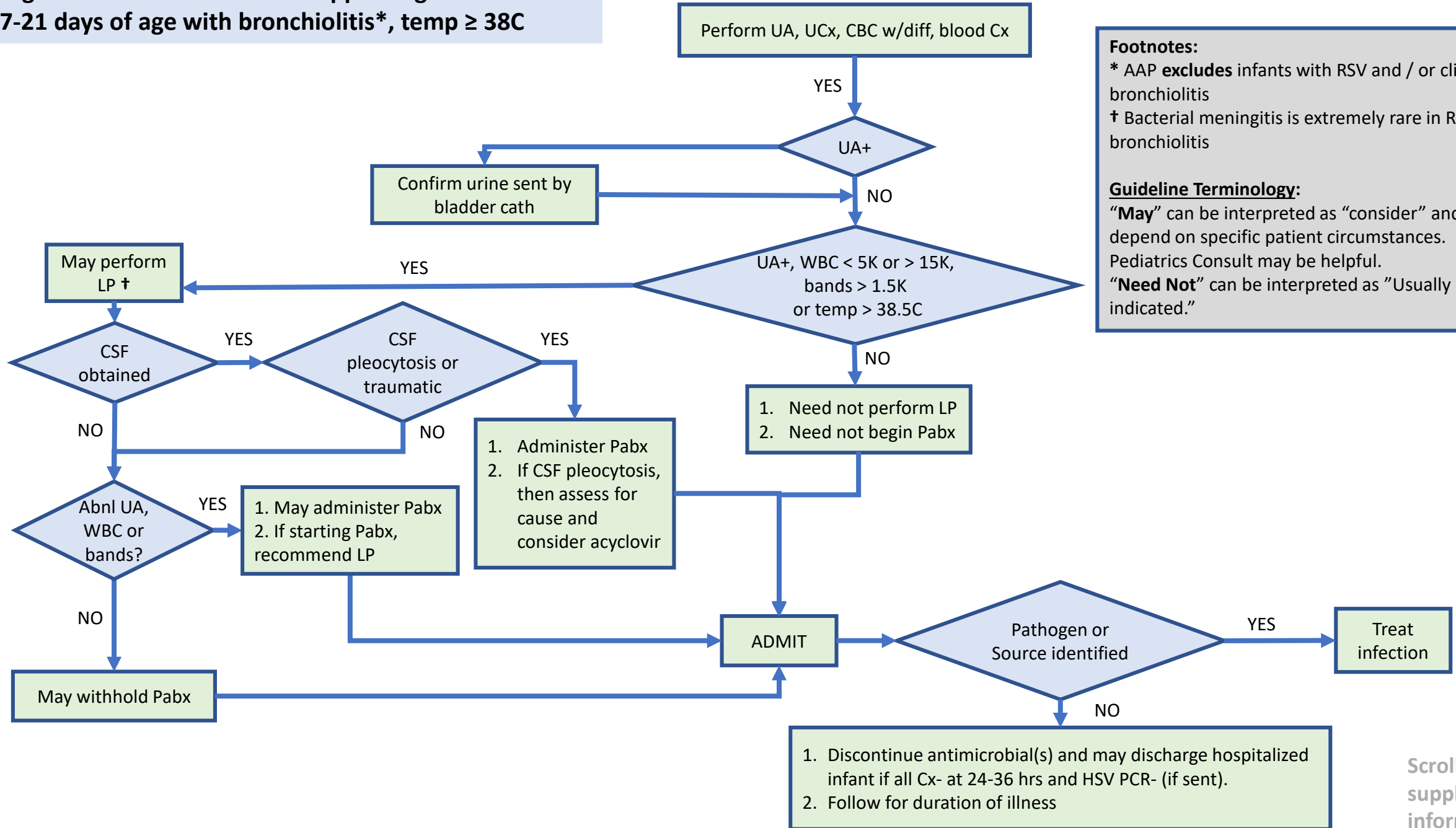


**Algorithm for Low-Risk Well-Appearing Febrile Infant:
7-21 days of age with bronchiolitis*, temp ≥ 38C**



Footnotes:
 * AAP **excludes** infants with RSV and / or clinical bronchiolitis
 † Bacterial meningitis is extremely rare in RSV + bronchiolitis

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

Algorithm for Low-Risk Well-Appearing Febrile Infant: 7-21 days of age with bronchiolitis*, temp $\geq 38C$

Exclusion criteria

1. Premature infants < 37 wks gestational age
2. Infants younger than < 14 days of age whose perinatal courses were complicated by maternal fever, infection, and/or antimicrobial use (excluding surgical prophylaxis or to treat GBS colonization).
3. Febrile infants with high suspicion HSV infection (e.g., vesicles, seizures) and increased HSV risk ‡
4. Infants with a focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards.
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 7-21 days, well-appearing, temp $\geq 38C$, with clinical bronchiolitis, with or without a positive test for RSV

Abbreviations

1. AAP: American Academy of Pediatrics
2. ALT: alanine transaminase
3. Abnl: abnormal
4. Abx: antibiotics
5. Cath: catheter
6. CBC w/diff: complete blood count with differential
7. CSF: cerebrospinal fluid
8. Cx: culture
9. GBS: Group B streptococcus
10. HSV: herpes simplex virus
11. LP: lumbar puncture
12. Pabx: parenteral antibiotics
13. RSV: respiratory syncytial virus
14. UA: urinalysis
15. UCx: urine culture
16. WBC: white blood cell

CA FIRST Protocol v2.2

Supplemental Information

Footnotes

* AAP **excludes** infants with RSV and / or clinical bronchiolitis
† Bacterial meningitis is extremely rare in RSV + bronchiolitis
‡ 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.