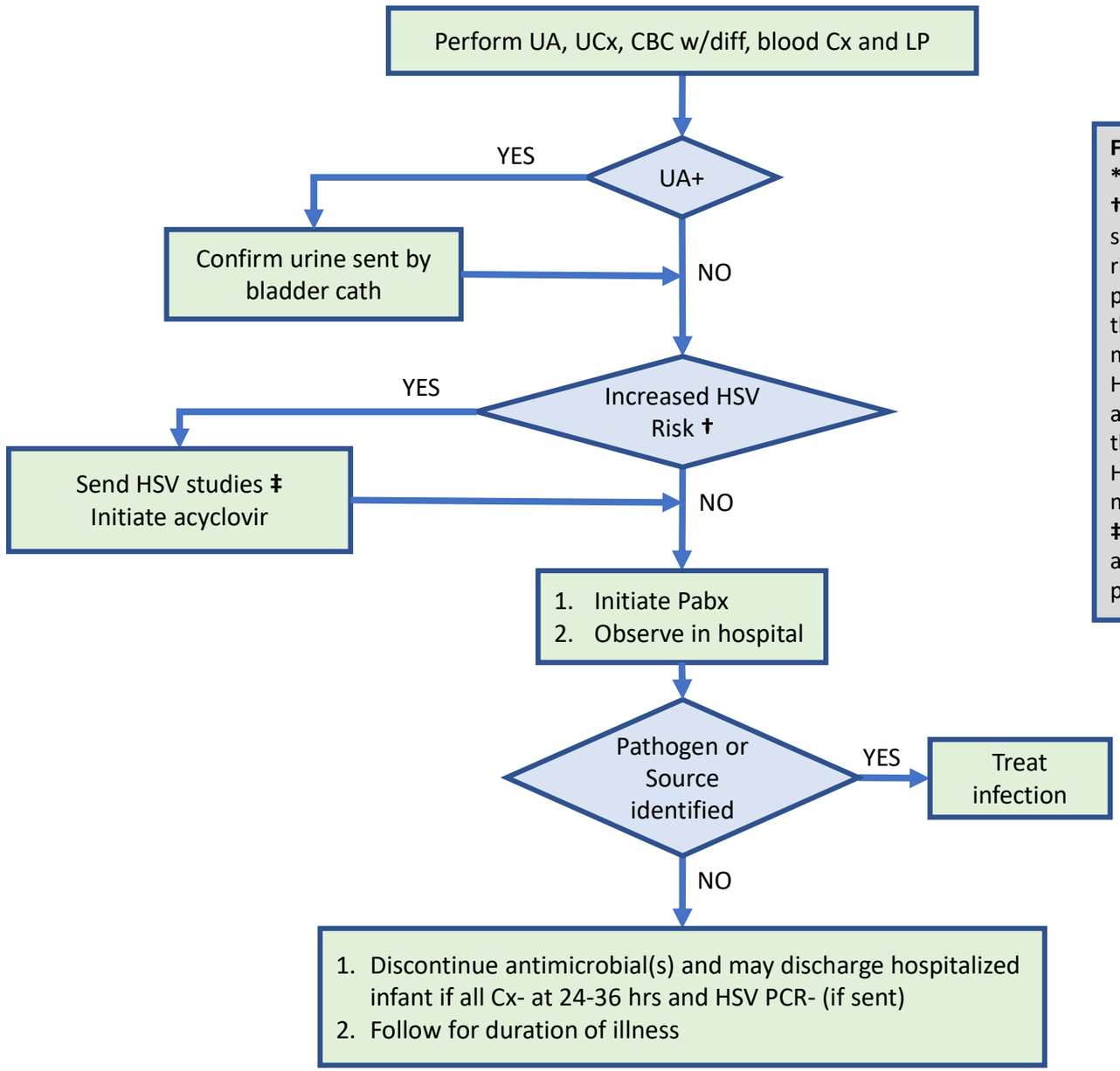
Algorithm for High-Risk Febrile Infant: 7-28 days of age, temp ≥ 38°C*



Footnotes:

***** AAP does not include high-risk infants

† 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.

‡ HSV studies: CSF for HSV PCR, HSV PCR of serum and surface swabs: conjunctiva, NP, skin (vesicles if present), and rectal

Scroll for supplemental information

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Exclusion criteria

1. Infants with clinical bronchiolitis, with or without positive tests for RSV
2. Infants with COVID-19

Consult Pediatrics

Abbreviations

1. AAP: American Academy of Pediatrics
2. ALT: alanine transaminase
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

Inclusion criteria

Infants 7-28 days of age, temp ≥ 38°C AND one of the following:

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. Infants with documented or suspected immune compromise
4. Infants whose neonatal course was complicated by surgery or infection
5. Infants with congenital or chromosomal abnormalities
6. Medically fragile infants requiring some form of technology or ongoing therapeutic intervention to sustain life
7. Ill appearance

Footnotes

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