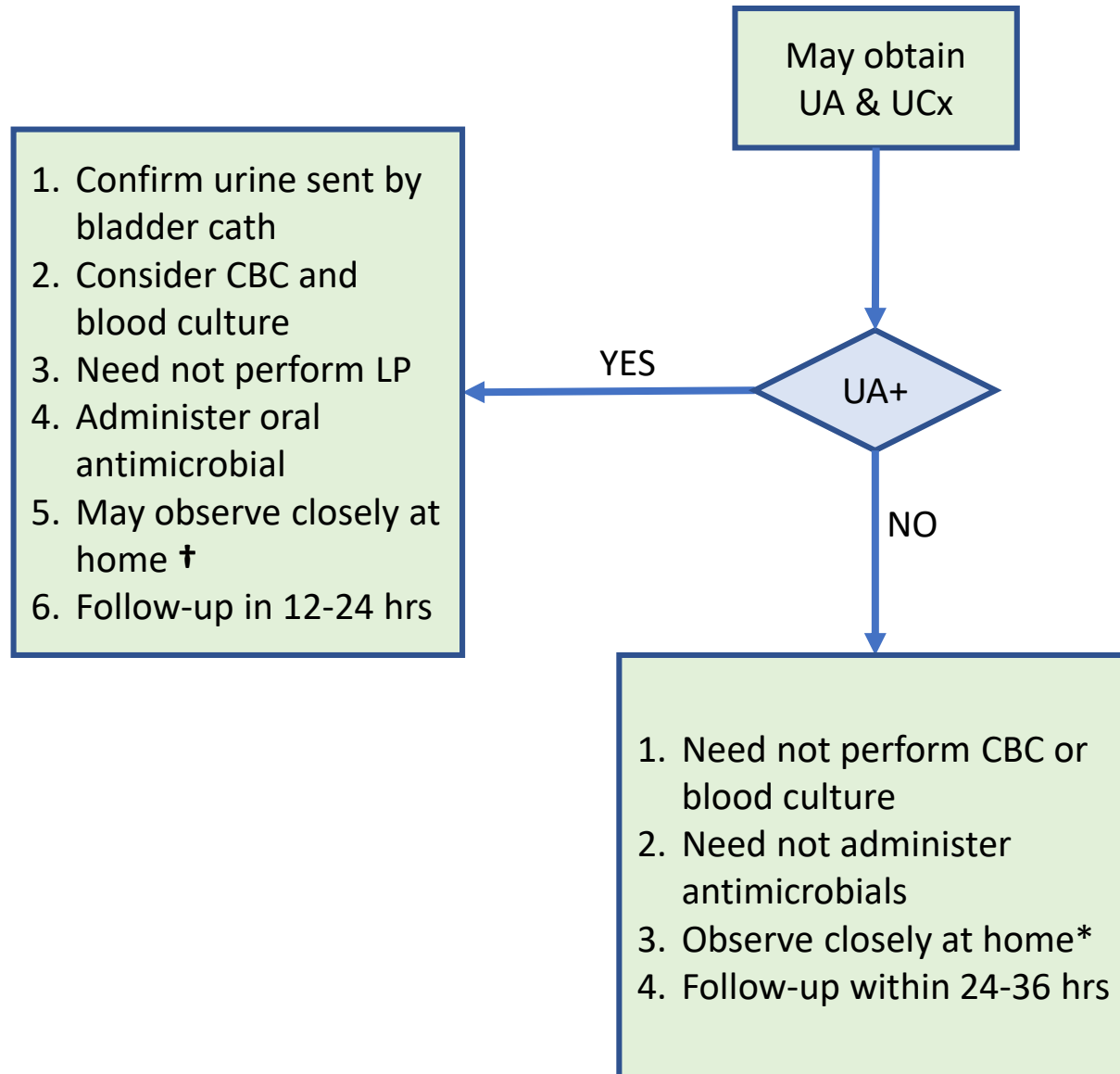


# Algorithm for Low-Risk Well-Appearing Febrile Infant: 61-90 days of age, temp $\geq 38^{\circ}\text{C}$ \*



## Footnotes:

\* The AAP does not include infants age  $> 60$  days

† If observed at home, then recommend oral antimicrobials to treat presumed UTI if UA positive. 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."

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### Exclusion criteria

1. Premature infants  $< 37$  wks gestational age
2. Infants with a focal bacterial infection (e.g., cellulitis, omphalitis, septic arthritis, osteomyelitis). These infections should be managed according to accepted standards.
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. Infants who have received immunizations within the last 48 hrs
8. Infants with clinical bronchiolitis, with or without positive tests for RSV
9. Infants with COVID-19

### Inclusion criteria

Infants 61-90 days of age\*, well-appearing, temp  $\geq 38^{\circ}\text{C}$

### Abbreviations

1. Cath: catheter
2. CBC: complete blood count
3. LP: lumbar puncture
4. RSV: respiratory syncytial virus
5. UA: urinalysis
6. UCx: urine culture
7. UTI: urinary tract infection
8. Pabx: parenteral antibiotics

## CA FIRST Protocol v2.1

### Supplemental Information

### Footnotes

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