

Febrile Infant Guideline



- Infant 0 to 60 days
- Previously healthy with rectal temperature greater than or equal to 38°C

screen patient using severe sepsis screening tool

severe sepsis

yes →

Stat notification to physician of critical care patient. Refer to guideline for **Severe Sepsis / Septic Shock**

No ↓

Notify physician of higher acuity patient

Initial Nursing Management

- Obtain IV start
- Obtain CBC, CRP, blood culture, electrolytes, beside glucose, BUN, creatinine, glucose
- Bladder catheterization for urinalysis and culture

Physician Assessment

Focal Infection?

yes →

Treat as indicated.

No ↓

≤ 30 days?
Toxic?
High Risk?

yes →

- Admit
- LP when stable
- Consider NPW
- Consider CXR
- Stool for WBC if diarrhea present
- Other investigations as indicated.
- Start IV antibiotics (within 1 hour of physician assessment)
- Fluid resuscitation

See Note 1 Below

No ↓

- Consider LP
- Consider NPW
- Consider CXR
- Stool for WBC if diarrhea present
- Other investigations as indicated

Investigations indicate a serious bacterial infection.

yes →

Admit for IV Antibiotics

No ↓

Reliable follow up?
Able to communicate with family?
Adequate caregiver education?
Drinking well?

No ↓

- Admit for observation
- Consider IV or IM Ceftriaxone
- Fluid resuscitation if required

yes ↓

- Consider IV or IM Ceftriaxone
- Arrange follow-up within 24 hrs.
- Discharge

NOTE 1

Toxic:

- Lethargy
- Poor eye contact
- Poor perfusion
- Hypo/hyperventilation
- Cyanosis

High Risk Factors - Clinical:

- History of prematurity (<37 wks)
- Perinatal antibiotics
- Treated for unexplained jaundice
- History of previous hospitalization
- Chronic or underlying illness
- Not discharged with mother
- Intrapartum history of mother for fever, Group B Streptococcus, or antibiotic treatment