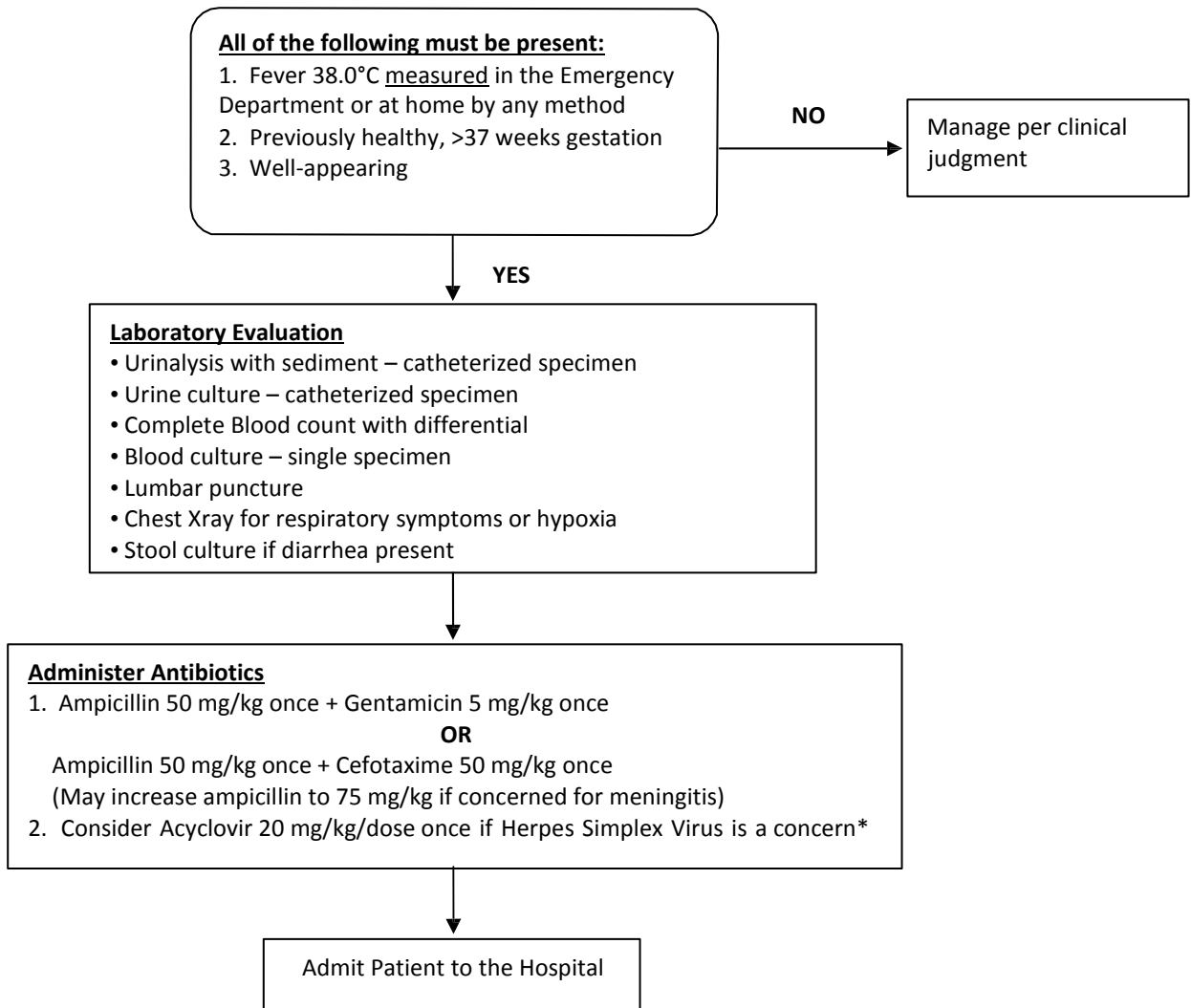


Pediatric Fever Guideline

0 – 28 days



* Indications for Empiric Acyclovir

1. Ill appearance at presentation
2. Fever and Seizure
3. Presence of vesicles on child or mother
4. History of maternal Herpes Simplex Virus Infection
5. Coagulopathy or liver dysfunction
6. CSF pleocytosis with negative gram stain or hemorrhagic CSF

Considerations:

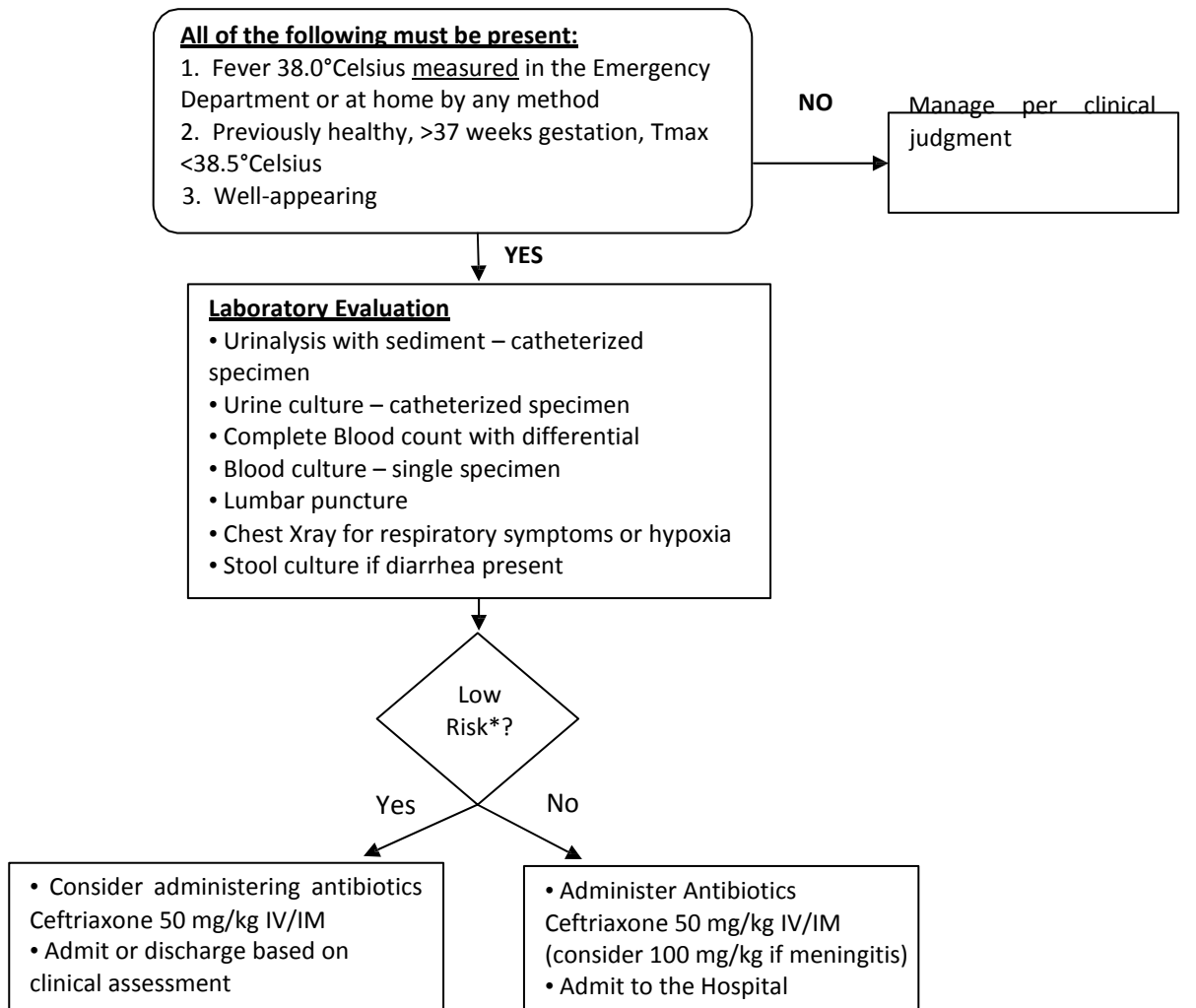
1. Catheterization or suprapubic aspiration is the best method to obtain sterile specimen of urine
 - a. Bag specimens have high false positive rates
 - b. Negative urinalysis by dip have approximately 20% positive culture rate
2. If a febrile child < 28 days of age is found to have RSV disease based on rapid antigen testing, no change in management is indicated. The risk of serious bacterial infection is identical to the febrile neonate without RSV.

This guideline was ratified by the emergency department faculty at Maine Medical Center in September 2017.

It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

Pediatric Fever Guideline

29 days – 6 weeks



- *Low Risk Criteria**
1. White Blood Cell Count 5,000 – 15,000 cells/mm³
 2. Absolute band count <1,500 cells/mm³
 3. Urinalysis is negative
 4. Lumbar puncture negative
 5. Able to return for care if necessary
 6. Reliable outpatient follow up
 7. No focal infection present (i.e. cellulitis, omphalitis)
 8. Chest radiograph and stool studies negative if obtained

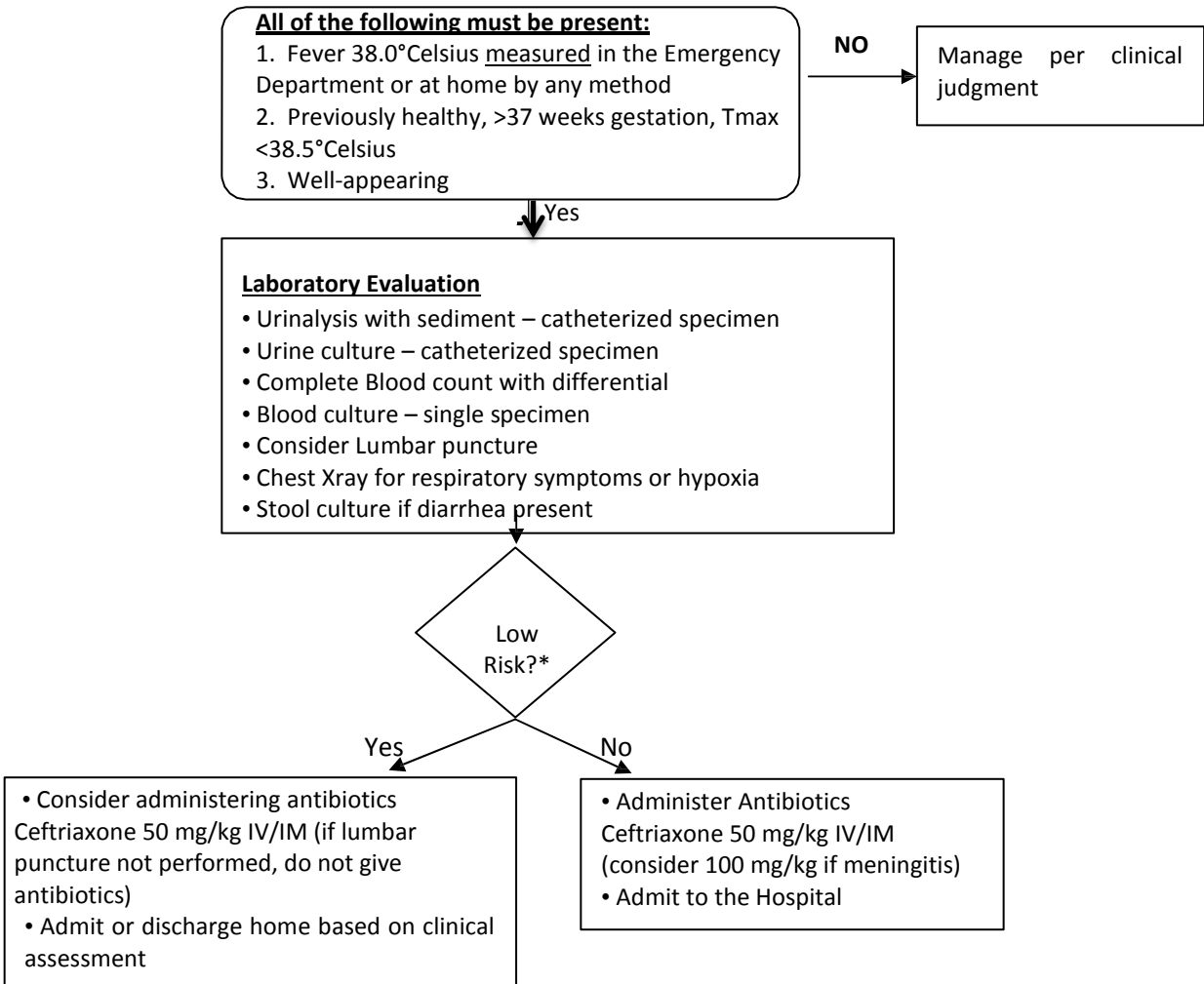
- Considerations:**
1. Catheterization or suprapubic aspiration is the best method to obtain sterile specimen of urine
 - a. Bag specimens have high false positive rates
 - b. Negative urinalysis by dip have approximately 20% positive culture rate
 2. Abnormal white blood count (<5,000 or >15,000 cells/mm³) is an exclusion to low risk designation
 3. If a febrile child > 28 days is found to have RSV disease based on rapid antigen testing, consider just obtaining UA, urine culture, CBC, blood culture in an RSV+ infant unless clinically ill-appearing

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Pediatric Fever Guideline

6 weeks – 3 months



*Low Risk Criteria

1. White Blood Cell Count 5,000 – 15,000 cells/mm³
2. Absolute band count <1,500 cells/mm³
3. Urinalysis is negative
4. CSF studies negative
5. Able to return for care if necessary
6. Reliable outpatient follow up
7. No focal infection present (i.e. cellulitis, omphalitis)
8. Chest radiograph and stool studies negative if obtained

Considerations:

1. Catheterization or suprapubic aspiration is the best method to obtain sterile specimen of urine
 - a. Bag specimens have high false positive rates
 - b. Negative urinalysis by dip have approximately 20% positive culture rate
2. Abnormal white blood count (<5,000 or >15,000 cells/mm³) is an exclusion to low risk designation
3. If >6 weeks of age and well-appearing, may elect to forego lumbar puncture (If no lumbar puncture is performed, do not give “prophylactic” antibiotics)
4. If a febrile child > 28 days is found to have RSV disease based on rapid antigen testing, consider just obtaining UA, urine culture, CBC, blood culture in an RSV+ infant unless clinically ill-appearing

This guideline was ratified by the emergency department faculty at Maine Medical Center in September 2017.

It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.