Algorithm for fever WITHOUT source

Age	How Child Looks	Work Up[14]	Treatment	Disposition & Follow-Up
0-28 days **T≥38**	Either well or Toxic	CBC UA, g/s, Ucx Blood Cx LP - CSF CXR ± Stool studies[4]	Ampicillin 50-100mg/kg & Gentamicin 5 mg/kg and (meningitis) / or (sepsis) Cefotaxime 50-100 mg/kg[1] *(Acyclovir 20mg/kg if CSF+[2])*	Admit
29-89 days **T≥38**	Toxic	CBC, BCx UA, g/s, Ucx LP - CSF CXR ± Stool studies[4]	Cefotaxime 50-100 mg/kg[1] & Consider Ampicillin 50-100mg/kg *(Acyclovir 20mg/kg if CSF+[2])* *(Vancomycin 15mg/kg if CSF+[3])*	Admit
	Well[7]	UA, g/s, Ucx CBC, BCx[5] ± LP - CSF[6] CXR[11]	± Ceftriaxone 50-100mg/kg[7]	Workup (+) or High Risk[8]: Admit Work-up (-): Home with 24 hour follow-up
90d-36mo **T≥39** 3-24mo or **T≥39.5** for 24-36mo	Toxic	CBC, BCx UA, g/s, UCx LP - CSF CXR	Ceftriaxone 50-100mg/kg *(Vancomycin 15mg/kg if CSF+[3])*	Admit
	Well & has Prevnar[9]	UA, g/s, UCx[10] ± CXR[11]	Oral Abx if Indicated	Home with 48 hour follow-up or RTER if worsening sx
	Well & **no** Prevnar[12]	UA, g/s, UCx[10] CBC, BCx ± CXR[11]	If WBC >15k: 1) Ceftriaxone 50-100mg/kg 2) Consider LP, esp in < 6mo old	Home with 24 hour follow-up
3-36 months **(T 38-38.9)**	Well[13]	± UA, g/s, Ucx ± CXR[11]	Oral Abx if Indicated	Home with 48-72 hour follow-up

[1]Can use ceftriaxone, though theoretical concern about bilirubin displacement; 100 mg/kg is meningitic dose

[2]Add acylovir if HSV infection in baby or mother, CSF pleocytosis, concerning skin lesions, seizures, abnl LFTs

[3]Add vancomycin if CSF gram stain positive

[4]Consider stool studies if diarrhea present

[5]Blood not necessary if RSV+ or influenza+ (but still obtain urine)

[6]LP if plan to treat with antibiotics

[7]Extent of work-up and whether empiric antibiotics given varies acc to low risk criteria, individual practice, immunization hx, esp for 57-89 day old

[8]Low-risk criteria:
WBC 5-15k, ANC < 10k, <1,500 bands
UA: (-)gram stain, (-)leuk est, (-)nitrite, <5-10 wbc
CSF: <8 wbcs/mm^3,(-) gram stain (if LP done)
When diarrhea present: <5 wbc/hpf in stool
Term, feeding well, no concerning PMH, remainder VS normal

[9]"Has Prevnar" = has 2 Prevnar or is at least 4 weeks post first Prevnar dose

[10]Obtain urine for 1) all females, 2) all circumcised males <6 months 3) all uncircumcised males <12 months, and 4) pt with PMH of UTI

[11]Obtain CXR based on clinical judgement. Recommend for resp sx, fever > 48 hrs, tachypnea, concerning pulse ox.

[12]Whether to risk stratify with CBC and treat empirically if WBC > 15k dependent on risk of occult bacteremia in unvaccinated patient; take into account local rates and likely herd immunity

[13]Do not routinely obtain studies; whether to obtain dependent on duration of fever, concerning symptoms for UTI or pneumonia, clinical judgement

[14]Consider other tests as indicated by season, symptoms, eg POC RSV, POC Influenza, send-out viral resp panel, but ONLY if results likely to change your or inpatient team's management

Disclaimer: Medicine is often as much an art as it is a science. Nothing is black & white. Practice clinical judgement. For patients > 28 days old, considerable practice variation among attendings exists.