

Management of Previously Healthy Child with a Fever						
Age	How Child Looks	Options	Work Up	Treatment	Disposition	Follow Up
0-21 days <b>T<sub>≥</sub>38</b>	Either well or Toxic		CBC UA, UCx Blood Cx LP - CSF	Ampicillin 50 mg/kg IV q8hrs AND Ceftazidime 50 mg/kg IV q8hrs OR Gentamicin 4 mg/kg IV q24hrs Use Ceftaz if c/f bacterial meningitis Acyclovir 20mg/kg IV if c/f HSV#	Admit	N/A
22-28 days <b>T<sub>≥</sub>38</b>	Well Toxic: as for 0-21 day †Less conservative Approaches	LP only if IMs abnl	CBC, IMs UA, UCx Blood Cx +/- LP *CXR, VRF	Ceftriaxone 50 mg/kg IV q24hrs Use Amp + Ceftaz as above if c/f bacterial meningitis Acyclovir 20mg/kg IV if c/f HSV#	Admit w/abx if LP abnl or no LP done or UA abnl <i>Consider dc home w/abx if UA, IMs, CSF all nml</i>	N/A  Verbal and written RTER instructions Follow-up within 24 hours
29-60 days <b>T<sub>≥</sub>38</b>	Well Toxic: as for 0-21 days Most conservative Approach		CBC UA, UCx Blood Cx	Ceftriaxone 50 mg/kg IV q24hrs (100 mg/kg IV q24hrs if meningitis) Add Vancomycin 20 mg/kg IV q8hrs if meningitis Acyclovir 20mg/kg IV if c/f HSV#	Admit + IV abx if: LP or UA or IMs abnl Discharge w/o abx if: LP, UA, IMs all normal	Verbal and written RTER instructions Follow-up within 24-36 hours
	Well Toxic: as for 0-21 day †Least conservative Approach	LP only if IMs abnl	IMs +/-LP *CXR, VRF		Admit + IV abx if LP abnl IMs abnl, no LP: DC + IM abx IMs abnl, LP nml: DC + IM/PO abx IMs nml, UA abnl: DC + PO abx IMs & UA nml: DC, no abx	Follow-up within 12-24 hours  Follow-up within 24-36 hours
61d-36mo <b>T<sub>≥</sub>39</b> 2-24mo <b>T<sub>≥</sub>39.5</b> for 24-36mo No source for fever	Toxic		CBC UA, UCx Blood Cx LP - CSF *CXR, VRF	Ceftriaxone 50-100mg/kg plus Consider Vanco 15 mg/kg††	Admit	N/A
	Well & has Prevnar‡		UA, g/s UCx^ cath	If + oral Abx Consider CXR, VRF*	Outpatient	Return if fever persists > 48-72h or worsening\$ Follow Ucx for sensitivities
	Well & no Prevnar		UA, g/s UCx^ +/-CBC, IMs	Bcx and Ceftriaxone 50mg/kg if: WBC>15k or abnl IMs Consider CXR, VRF*	Outpatient	Follow-up within 24 hours No further abx if cx neg 24-36 hrs
3-36 months <b>(T 38-38.9)</b>	Well		None	acetaminophen +/- Ibuprofen for fever Consider UA, CXR, VRF based on sx, etc.	Outpatient	Return if fever persists > 72h or worsening sx\$

IMs (Inflammatory Markers): Temp > 38.5 C, Procalcitonin > 0.5 ng/mL, CRP ≥ 20 mg/L, ANC > 4500

\* CXR: perform based on clinical judgement, recommend: resp sx, fever > 48 hrs, tachypnea, low-ish pulse ox

\* Viral Resp Panel: RSV, Covid, or influenza+ = low risk of invasive bacterial illness, but still some risk of UTI

# High risk HSV: mat HSV or fever 48hrs before/after delivery, vesicles, oral ulcers, CSF pleocytosis + g/s neg, seizures, hypothermia, leukopenia, thrombocytopenia, e

† Only if infant term, feeding well, negative PMH, remainder of VS normal, no recent antibiotics

†† Add Vancomycin if there is evidence of bacterial meningitis in CSF

‡ "Has Prevnar" = has 2 Prevnar or is at least 4 weeks post first Prevnar dose

^ For all circumcised males <6 months, all uncircumcised males <12 months, and all females

\$ Consider Kawasaki's if prolonged fever + 2-5 of: conjunctivitis, rash, adenopathy, strawberry tongue, hand/foot changes

**Disclaimer:** Medicine is often as much an art as it is a science, so nothing is black & white. These are only guidelines. Practice clinical judgement.

[CHOP pathway \(relatively conservative\)](#)

[UCSF guidelines and pathways](#)