Management of Previously Healthy Child with a Fever						
Age	How Child Looks	Options	Work Up	Treatment	Disposition	Follow Up
0-21 days **T≥38**	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 **T≥38**	Well Toxic: as for 0-21 days	LP only if IMs abnl	CBC, IMs UA, UCx Blood Cx +/- LP *CXR, VRP	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 †*Consider* dc home w/abx if UA, IMs, CSF all nml	N/A Verbal and written RTER instructions Follow-up within 24 hours
29-60 days **T≥38**	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	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 days †Least conservative Approach	LP only if IMs abnl	IMs +/-LP *CXR, VRP	Acyclovir 20mg/kg IV if c/f HSV#	Admit + IV abx if LP abnl DC + oral abx if UA abnl IMs abnl: DC + IV abx if no LP IMs abnl: DC + oral abx if LP nml DC, no abx if UA, IM nl	Follow-up within 12-24 hours Follow-up within 24-36 hours
90d-36mo **T≥39** 3-24mo **T≥39.5** for 24-36mo No source for fever	Toxic		CBC UA, UCx Blood Cx LP - CSF *CXR, VRP	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, VRP*	Outpatient	Return if fever persists > 48-72h or worsening$ Follow Ucx for sensitivities
	Well & **no** Prevnar		UA, g/s UCx^ +/-CBC, IMs	Bcx + Ceftriaxone 50mg/kg if: WBC>15k or abnl IMs Consider CXR, VRP*	Outpatient	Follow-up within 24 hours No further abx if cx neg 24-36 hrs
3-36 months **(T 38-38.9)**	Well		None	Acetaminophen +/- Ibuprofen for fever Consider UA, CXR, VRP 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+ 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, elevated ALT

† 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.