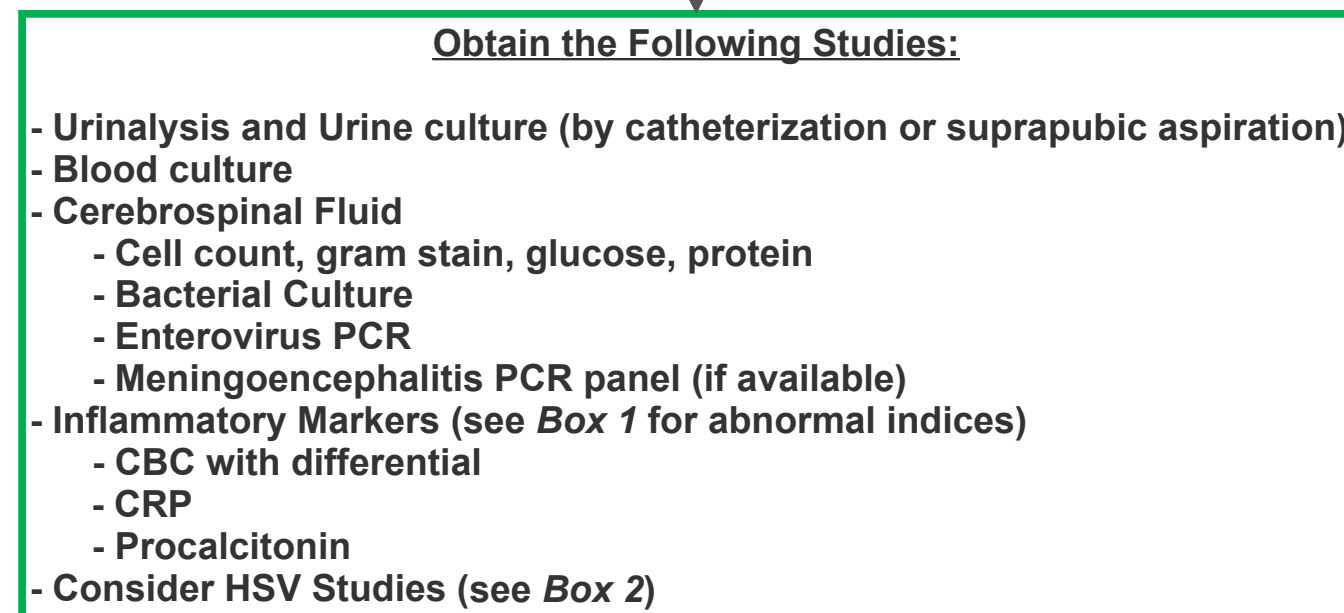
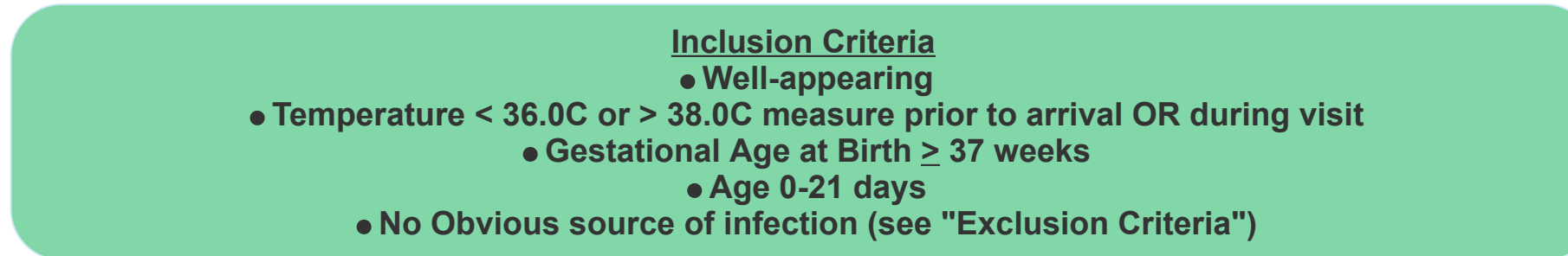
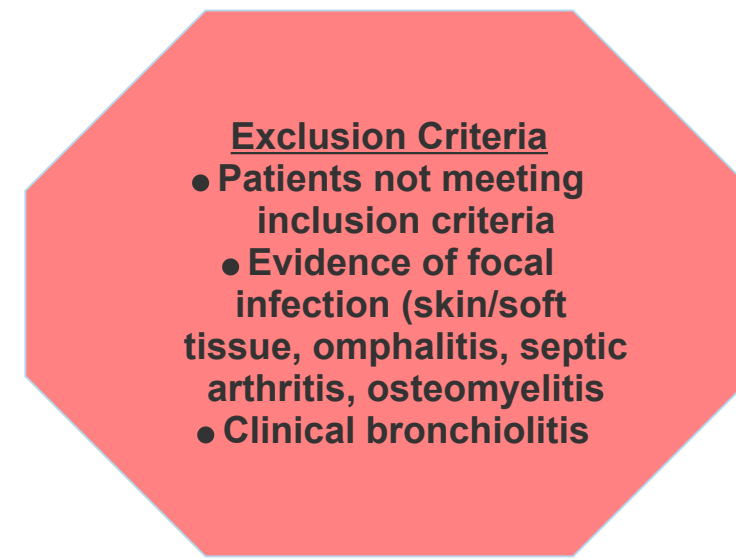


Management of the Well-appearing Febrile Infant Age 0-21 Days

Clinical Practice Guideline

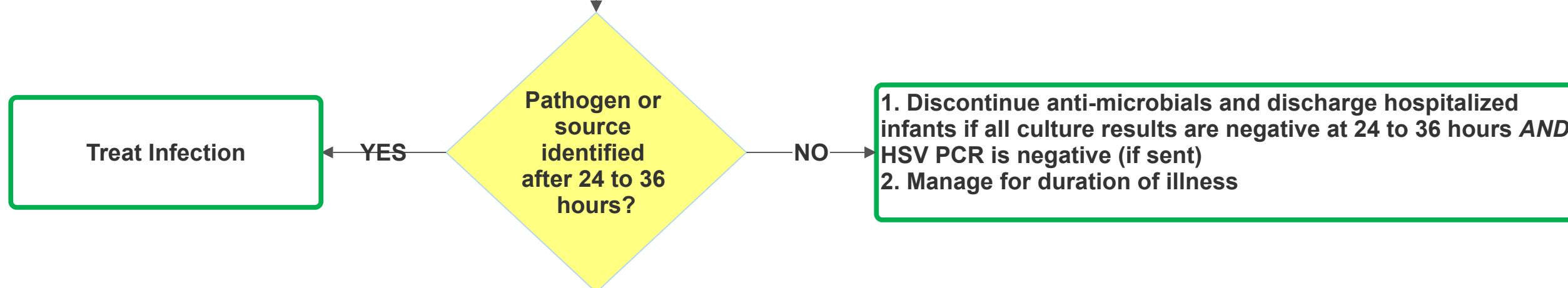
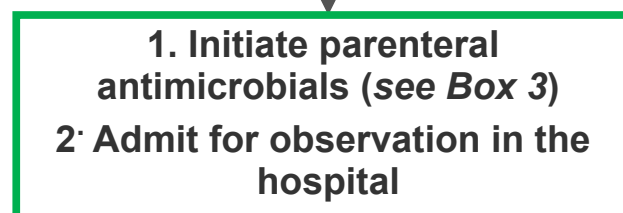
Approved by SSM Health Cardinal Glennon Clinical
Practice Guideline Committee April 27, 2023

Management of the Well-Appearing Febrile Newborn Age 0-21 Days Clinical Practice Guideline



Box 1: Notable Abnormal Lab Values

Procalcitonin (> 0.5ng/mL)
 CRP (> 2.0mg/dL)
 ANC (> 5200/uL)
 CSF WBC > 18 WBC



Box 2: HSV Studies

Consider in infants with vesicles, seizures, severe illness, hypothermia, mucous membrane ulcers, CSF pleocytosis, leukopenia, thrombocytopenia, or elevated ALT, maternal history of vesicles

Send CSF PCR, HSV surface PCR swab (single swab from conjunctiva->nares->mouth->anus), ALT, blood PCR, vesicle PCR (unroof, if present)

Start empiric acyclovir if testing is sent (see Box 3)

Box 3: Antimicrobials by age and suspected infection source

UTI or Empiric

0-3 Day Infant: Ampicillin IV/IM 50mg/kg q8h + Gentamicin IV/IM 5mg/kg q36h
 4-21 Day Infant: Ampicillin IV/IM 50m/kg q8h + Gentamicin IV/IM 4mg/kg q24h

Meningitis

0-7 Day Infant: Ampicillin IV/IM 100mg/kg q8h + Ceftazidime IV/IM 50mg/kg q8h + Acyclovir IV 20mg/kg q8h
 8-21 Day Infant: Ampicillin IV/IM 75mg/kg q6h + Ceftazidime IV/IM 50mg/kg q8h + Acyclovir IV 20mg/kg q8h

HSV Infection

Acyclovir IV 20mg/kg q8h

SSMHealth Cardinal Glennon
Access Center Transfer Line

888-229-2424

[1. SSMHealth Cardinal Glennon CPG Home](#)

2. Resources

a. Robert H. Pantell, Kenneth B. Roberts, William G. Adams, et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old. *Pediatrics*. 2021;148(2):e2021052228
 b. Thomson J, et al. Cerebrospinal Fluid Reference Values for Young Infants Undergoing Lumbar puncture. *Pediatrics*. 2018; 141(3):e20173405.

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Approved by SSM Health Cardinal Glennon Clinical Practice Guidelines Committee April 27, 2023
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