

Management of the Well-appearing Febrile Infant Age 22-28 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 22-28 Days Clinical Practice Guideline

**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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Box 2: HSV Studies

Consider in infants with vesicles, seizures, hypothermia, severe illness, mucous membrane ulcers, CSF pleocytosis with negative gram stain, leukopenia, thrombocytopenia, or elevated ALT

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

Start empiric acyclovir if testing is obtained (see Box 4)

Box 3: Cerebrospinal Fluid Studies

- Cell count, gram stain, glucose, protein, bacterial culture, enterovirus PCR
- Consider meningococcal PCR panel if available

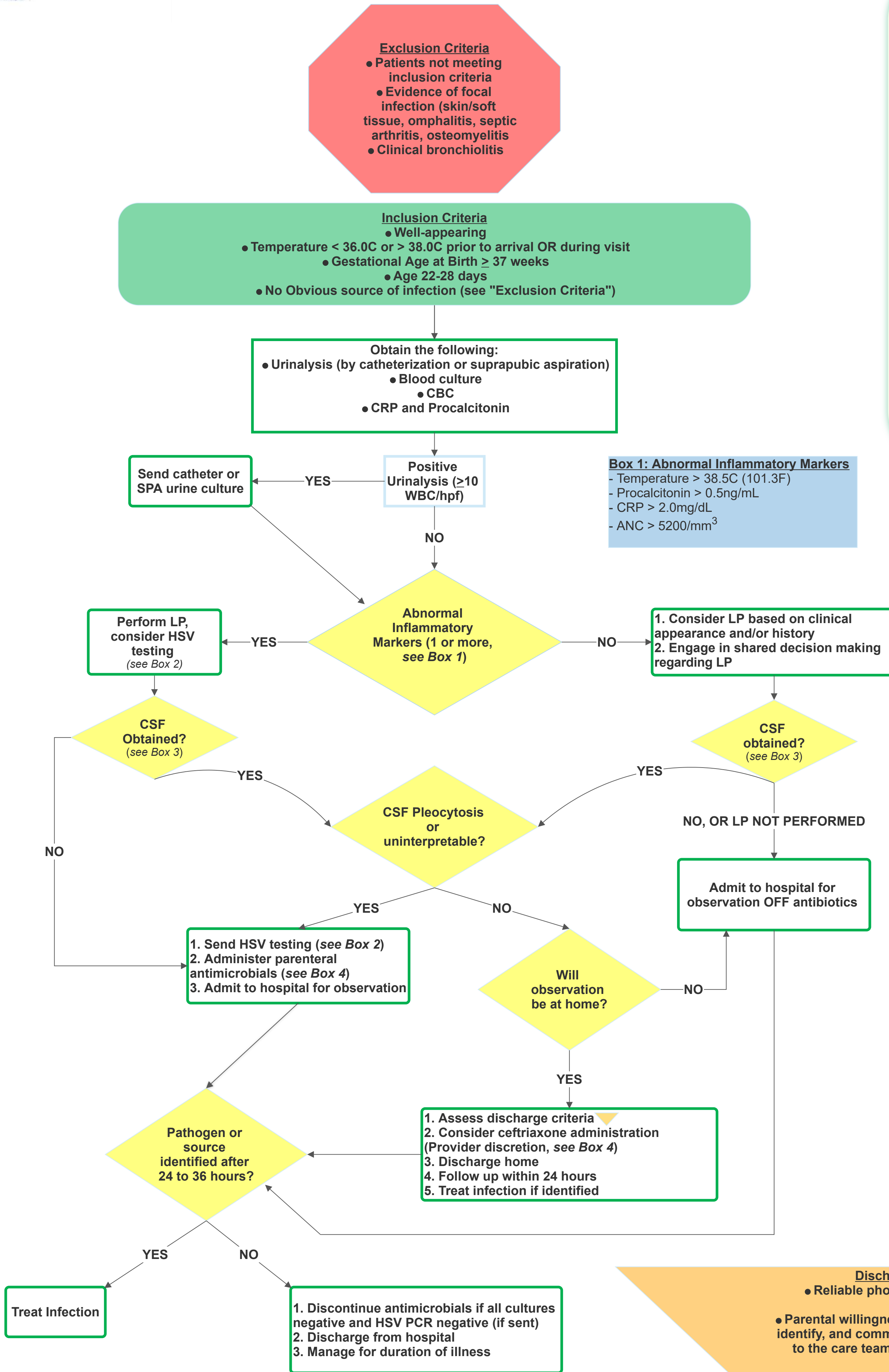
Note: CSF pleocytosis >18 WBC

Box 4: Antimicrobials by suspected infection source

UTI or Empiric
Ceftriaxone IV/IM 50mg/kg q24h

Meningitis
Ampicillin IV/IM 75mg/kg q6h + ceftazidime IV/IM 50mg/kg q8h

HSV Infection
Acyclovir IV 20mg/kg q8h



Discharge Criteria

• Reliable phone and transportation

• Parental willingness and ability to observe, identify, and communicate condition changes to the care team (primary care physician)

• Agreement and ability to follow up within 24 hours with primary care physician