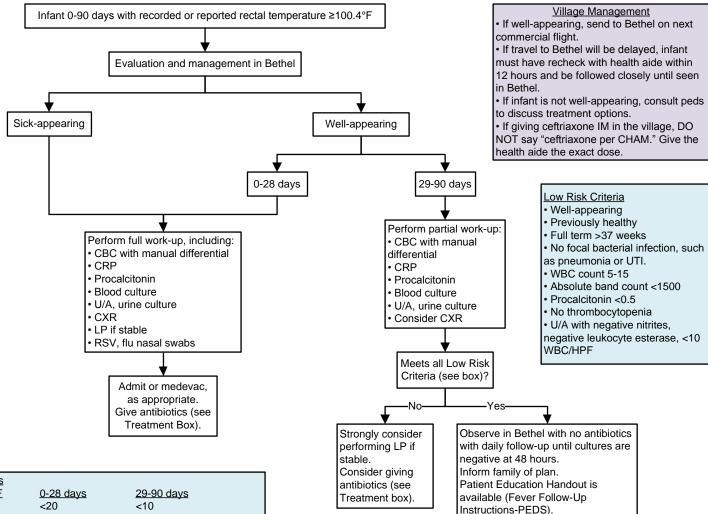


## **Clinical Guideline**

# Fever ≥ 100.4°F in Infants 0-90 Days



**CSF** Results

 Normal CSF
 0-28 days
 29-90 days

 WBC
 <20</td>
 <10</td>

 Glucose
 >40
 >40

 Protein
 <100</td>
 <75</td>

Absence of neutrophils (polys) makes bacterial meningitis unlikely. CSF neutrophils (polys) >75% increases likelihood of bacterial meningitis.

Do not use correction formulas for traumatic LPs.

#### Special Circumstances

- 1. Immunizations within 24 hours of fever <101 and well-appearing: no work-up necessary but must follow-up in village or Bethel within 12-24 hours. If fevers persist or infant is not well-appearing, perform work-up as above.
- 2. Pre-treatment with antibiotics with no focal bacterial infection: infant must be observed a full 48 hours off antibiotics. This may require staying in Bethel for 48 hours of antibiotics followed by another 48 hours of observation off antibiotics with daily follow-up. Consider ordering CSF Multiplex PCR, a send-out test.
- 3. Unsuccessful LP: treat if appropriate and consider a repeat LP in 12-24 hours and determine treatment course based on cell counts. If repeat LP not performed or unsuccessful, either treat for 10-14 days with meningitic dosing of IV antibiotics or stop antibiotics at 48 hours and observe infant for an additional 48 hours off antibiotics. Consider admission.

### HSV Work-up

- CSF HSV PCR
- Blood HSV PCR
- CMP
- Nasopharyngeal, conjunctival, and anal swabs and vesicle fluid for HSV PCR.

Risk-Stratification Resource: Kaiser Neonatal Sepsis Calculator

#### **Treatment**

# No febrile infant <90 days should receive antibiotics without an LP.

- 0-7 days: please consult a pediatrician, pharmacist, or Neofax.
- 8-28 days:
- -If well-appearing and low suspicion for meningitis: ampicillin 50 mg/kg IV Q8h AND gentamicin 4 mg/kg IV Q24h
- -If well-appearing and any suspicion for meningitis: ampicillin 75 mg/kg IV Q6h AND cefepime 50 mg/kg IV Q12h
- -If ill-appearing and/or positive CSF Gram stain: please consult a pediatrician and/or a pharmacist.
- 29-90 days: ceftriaxone 75 mg/kg IV/IM Q24h OR if worried about meningitis 100 mg/kg IV once then 50 mg/kg IV Q12h
- Continue IV/IM antibiotics until cultures are negative and patient is clinically stable x48-72 hours or until specific organism and sensitivities are available to direct therapy.
- If known HSV exposure, seizures, or severe illness: acyclovir 20 mg/kg IV Q8h with IVF, perform HSV work-up (see box), and consult pediatrics.
- If suspicion for bacterial meningitis, strongly consider medevac.
- If transferring patient, send any extra CSF on ice with patient.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 5/8/19.

If comments about this guideline, please contact Leslie\_Herrmann@ykhc.org.