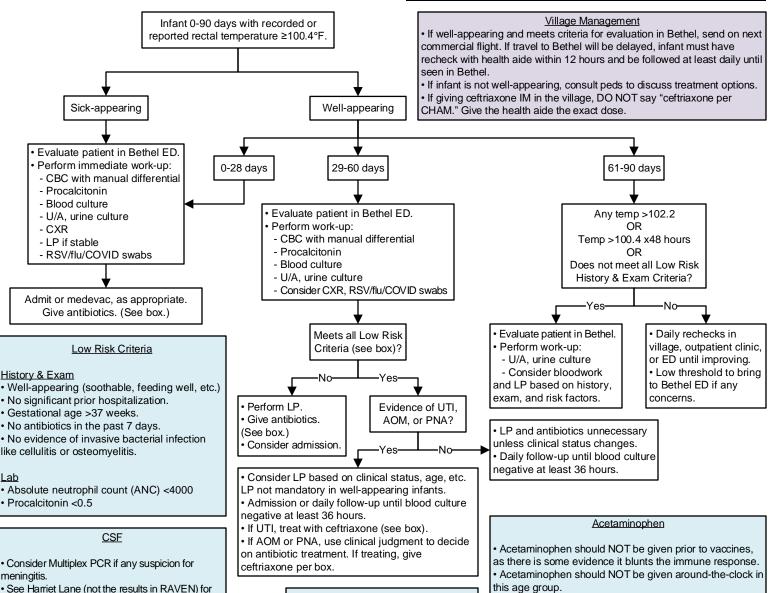
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## Clinical Guideline

# Yukon-Kuskokwim HEALTH CORPORATION

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



### Special Circumstances

Do not use correction formulas for traumatic LPs.

normal results by day of life.

- 1. Immunizations within 24 hours of single fever <102.2 and meets all history & exam low-risk criteria: no work-up necessary but must follow-up in village or Bethel within 12-24 hours. If fevers recur, rise above 102.2, or infant is not well-appearing, perform evaluation as above.
- 2. Pre-treatment with antibiotics but otherwise meeting low-risk criteria: infant must be observed a full 48 hours off antibiotics.
- 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.

#### If concerned for bacterial meningitis:

- If suspicion for bacterial meningitis, consult pediatrics and strongly consider medevac.
- If transferring patient, send any extra CSF on ice with patient.

#### Antibiotic Treatment

- 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.

Acetaminophen MAY be given after a fever has been

provider EXCEPT in babies 61-90 days old who are

being managed in the village as this may blunt the

scheduled to come to Bethel for further evaluation,

appropriate dosing of acetaminophen may be given.

fever curve. If a child in the village is already

documented and the infant evaluated by a health aide or

- -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 50 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 at least 36 hours and patient is clinically stable or until specific organism and sensitivities are available to direct therapy.
- Dose #2 of ceftriaxone may be given 12-24 hours after dose #1.
- 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.

#### HSV Work-up

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

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 7/6/21. Click <a href="https://lene.upen.need.org/lene.upen.need.org/">https://lene.upen.need.org/</a>. It comments about this guideline, please contact Leslie\_Herrmann@ykhc.org.