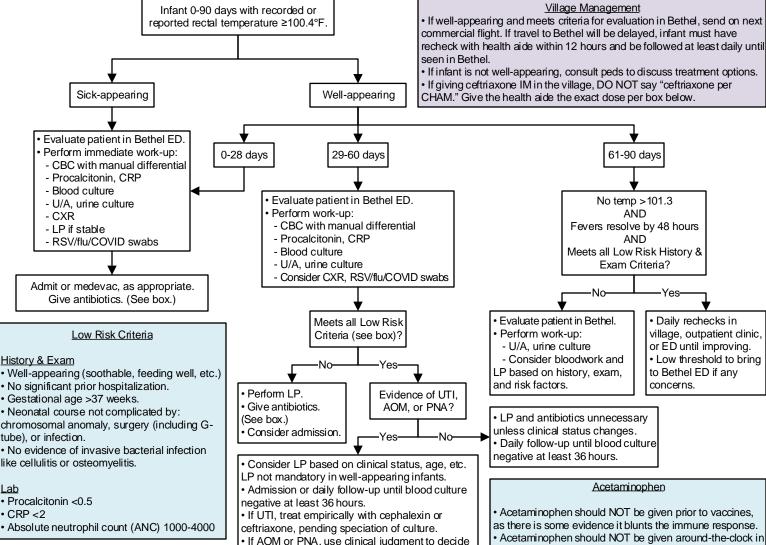
Yukon-Kuskokwim **HEALTH CORPORATION**

Clinical Guideline

Fever ≥ 100.4°F in Infants 0-90 Days



CSF

- Do Multiplex PCR if any suspicion for meningitis.
- · See Harriet Lane (not the results in RAVEN) for normal results by day of life.
- Do not use correction formulas for traumatic LPs.

on antibiotic treatment (oral or parenteral).

 Consult pediatrics and strongly consider medevac. · If transferring, send any extra CSF on ice.

If concerned for bacterial meningitis:

- this age group.
- Acetaminophen MAY be given after a fever has been documented and the infant evaluated by a health aide or provider EXCEPT in babies 61-90 days old who are being managed in the village as this may blunt the fever curve. If a child in the village is already scheduled to come to Bethel for further evaluation, acetaminophen may be given.

Special Circumstances

- 1. If fever within 48 hours of immunizations, well-appearing, 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 are rising 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.

HSV Work-up

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

NOTE: If 22-28 days old and criteria, recent studies allow deferral of LP if admitted ± antibiotics. Discuss with pediatrician and family if considering this option.

well-appearing with low-risk lab

Antibiotic Treatment

- 0-7 days: please consult a pediatrician, pharmacist, or Neofax.
- -If well-appearing and low suspicion for meningitis: ampicillin 50 mg/kg IV Q8h AND gentamicin 5 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 davs:
- -If low suspicion for meningitis: ceftriaxone 50 mg/kg IV/IM Q24h -If concern for meningitis: ceftriaxone 100 mg/kg IV once then 50 mg/kg IV Q12h AND vancomycin 20 mg/kg IV Q8h.
- 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.

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 9/7/21. Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.