

Febrile Infant Guideline

- Infant 0 to 60 days
- Previously healthy with rectal temperature greater than or equal to 38°C

Screen patient using severe sepsis screening tool

Severe sepsis

Yes → Stat notification to physician of critical care patient
Refer to guideline for **Severe Sepsis / Septic Shock**

No ↓

Notify physician of higher acuity patient

Initial Nursing Management

- Obtain IV start
- Obtain CBC, CRP, blood culture, electrolytes, bedside glucose, BUN, creatinine, glucose
- Bladder catheterization for urinalysis and culture

Physician assessment

Focal infection?

Yes → Treat as indicated

No ↓

≤ 28 days?
Toxic?
High risk?

Yes → Admit
LP when stable
Consider NPW
Consider CXR
Stool for WBC if diarrhea present
Other investigations as indicated
Start IV antibiotics (within 1 hour of physician assessment)
Fluid resuscitation

See Note 1 below

No ↓

- Consider LP
- Consider NPW
- Consider CXR
- Stool for WBC if diarrhea present
- Other investigations as indicated

Investigations indicate a serious bacterial infection

Yes → Admit for IV antibiotics

No ↓

Reliable follow up?
Able to communicate with family?
Adequate caregiver education?
Drinking well?

No ↓

- Admit for observation
- Consider IV or IM ceftriaxone
- Fluid resuscitation if required

Yes ↓

- Consider IV or IM ceftriaxone
- Arrange follow-up within 24 hrs
- Discharge

NOTE 1

Toxic:

- Lethargy
- Poor eye contact
- Poor perfusion
- Hypo/hyperventilation
- Cyanosis

High Risk Factors - Clinical:

- History of prematurity (<37 wks)
- Perinatal antibiotics
- Treated for unexplained jaundice
- History of previous hospitalization
- Chronic or underlying illness
- Not discharged with mother
- Intrapartum history of mother for fever, Group B streptococcus, or antibiotic treatment