

Abbreviations (laboratory & radiology excluded):
 CSF - Cerebrospinal Fluid
 EGA - Estimated Gestational Age
 HSV - Herpes Simplex Virus

Lab Reference
Positive urinalysis:
 • Positive leukocyte esterase or >5 WBC per hpf
Abnormal Inflammatory Marker:
 • CRP >2 mg/dL
 • ANC > 4000 per mm³
CSF pleocytosis:
 • >15 WBC per mm³

Febrile Infants: 8 to 21 days old

Febrile Infants: 22 to 28 days old

Term, healthy 29 to 60 day old infant without identifiable source of infection and temperature ≥ 38.°C

Patient off guideline, patient requires:
 • Full sepsis work up
 • Initiation of treatment
 • Consider non-infectious etiologies

• Administer antimicrobials
 • Admit to hospital

• Send HSV studies
 • Perform LP

• Send urine for culture and treat suspected UTI
 • May perform LP

• Send bladder categorization urine specimen for culture
 • Need not perform LP
 • May observe closely at home
 • Administer oral antimicrobial(s)
 • Refer to UTI CPG for renal imaging
 • Follow-up urine and blood culture
 • Follow-up with medical provider within 24 to 36 hours

• Need not perform LP
 • Need not administer antimicrobial(s)
 • Observe closely at home
 • Follow-up blood culture
 • Follow-up with medical provider within 24-36 hours

• If positive urinalysis, administer oral antimicrobial and refer to UTI CPG for renal imaging
 • If negative urinalysis, may observe closely at home with or without provision of ceftriaxone prior to discharge
 • Follow-up with medical provider within 12 to 24 hours

• Discontinue antimicrobial(s) and may discharge hospitalized infant if all cultures are negative at 24 to 36 hours and HSV PCR is negative (if sent)
 • Ensure PCP follow-up