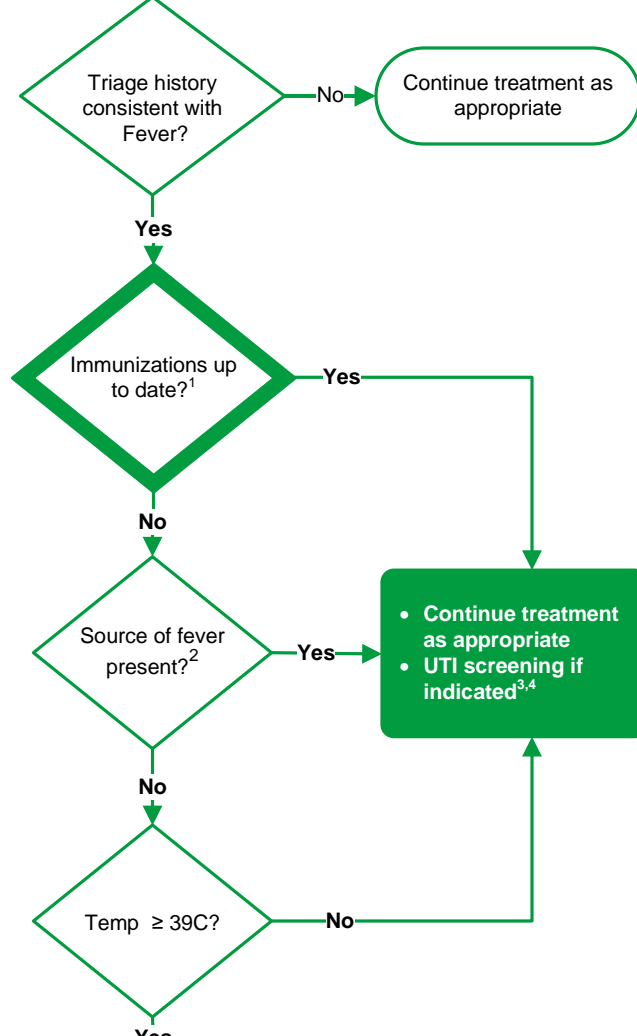




**PRESENTING WITH TEMPERATURE ≥ 38.0 C**



**EXCLUSION CRITERIA**

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Presenting with seizure
- Petechiae
- Unreliable social situation
- Immunizations within 48 hours

**<sup>1</sup>IMMUNIZATIONS**

**Up To Date:** Has received primary series of pneumococcal and HIB vaccines

**<sup>2</sup>SOURCE OF FEVER**

- Well defined viral illness (eg, bronchiolitis, varicella, gingivostomatitis, herpangina, etc)
- Specific bacterial illness (eg, otitis media, etc.)
- Well defined bacterial infections (eg, pneumonia, localized infection/ cellulitis, etc)

**<sup>3</sup>URINARY TRACT INFECTION (UTI) RISK FACTORS**

- Females:
- Age < 12 months
  - Temperature ≥ 39.0C
  - Fever ≥ 2 Days
  - Absence of another source of infection
- Males:
- Temperature ≥ 39.0C
  - Fever > 24 hours
  - Absence of another source of infection

**<sup>4</sup>PROBABILITY OF UTI**

| Number of Risk Factors Present |                 | Probability of UTI |
|--------------------------------|-----------------|--------------------|
| Circumcised Male               | Female          |                    |
| ≤2 risk factors                | ≤1 risk factor  | ≤1%                |
| ≤3 risk factors                | ≤2 risk factors | ≤2%                |

*In uncircumcised male, probability exceeds 1% even with no risk factors*

**<sup>5</sup>ABNORMAL LAB TESTS**

**Abnormal UA:** proceed with Culture by cath

- >9 WBC hpf (high power field) or
- Nitrites positive or
- LES ≥2+

**Risk for bacteremia:**

- WBC ≥20,000
- Absolute Neutrophil Count ≥10,000

If considering UTI, ensure urine culture is sent from an acceptable specimen

**<sup>6</sup>URINALYSIS WITH REFLEX TO CULTURE**

Urinalysis will reflex to culture if:

- WBC>9 or
- Nitrite positive or
- LES≥2+

**<sup>7</sup>UTI TREATMENT**

**Inpatient therapy if:**

- Ill appearing
- Vomiting
- Unreliable family situation

**Outpatient therapy:**

- Cephalexin 25mg/kg/dose TID x 10 days is drug of choice
- Alternative is 2<sup>nd</sup> generation cephalosporin, Cefprozil 15mg/kg/dose BID if there is concern with compliance with TID dosing
- Consider 1<sup>st</sup> dose of antibiotic (cephalexin) before discharge

• CBC with Diff  
 • Blood Cultures\*  
 • Urinalysis with reflex to Culture\*<sup>4,5,6</sup>  
 • Other tests as clinically indicated

If considering UTI, ensure urine culture is sent from an acceptable specimen

**Discharge home:**

- With instructions for symptomatic relief of fever
- Follow up in 24-48 hours with PCP or sooner for worsening symptoms

**ANTI-INFECTION THERAPY<sup>7</sup>**

Consider CefTRIAXone 50mg/kg  
 If risk of bacteremia; ensure blood culture is done prior to admin

UTI treatment if abnormal UA<sup>5,6,7</sup>

**If well appearing, may discharge home to follow up within 24 hours with PCP or sooner if worsening symptoms**

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. ©2018 Children's Healthcare of Atlanta, Inc.

\*=LABS INCLUDING BLOOD CULTURES, OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT