

Barcode

LAST NAME (FIRST)

MRN

VISIT NUMBER

DATE OF BIRTH YYYY-MM-DD

ADDRESS

SEX

Young Infant Fever with Uncertain Source Order Set Infants aged 1-90 days (rectal temp ≥ 38.0°C or history of fever),

Division of Paediatric Emergency Medicine

with uncertain source, and otherwise clinically well-appearing

WEIGHT (kg)		ALLERGIES NKDA			
PROVIDER SIGNATURE & TIME	ORDERS	D	ate:		NOTED BY RN SIGNATURE & TIME
	INITIAL ASS				
	MD team to assess and document fever, infectious symptoms, perinatal risk factors, hydration, perfusion and antipyretic use				
	☐ full vital signs including rectal temperature, HR, RR, BP, cap refill, and O ₂ saturation → if patient meets sepsis criteria, then stop & initiate Sepsis Order Set				
	INVESTIGATIONS				
	☐ CBC, differential, CRP, blood culture ☐ urine catheter dipstick and culture				
	Optional investigations (based on age and risk criteria):				
	☐ CSF cell count ☐ CSF gram stain & sterile body fluid culture ☐ CSF glucose, protein ☐ CSF ☐ CSF for HSV 1/2 PCR * only if HSV risk factors – see table				
	 Na, K, Cr, urea, glucose – consider only if dehydrated or IVFs anticipated □ chest X-ray – consider only if cough or other respiratory symptoms □ other: 				
	FLUIDS 0.9% NaCl mL IV bolus (10 mL/kg) over minutes D5NS IV at mL/hr OR D5W/0.45% NaCl at mL/hr (maintenance) ANTIBIOTICS for fever with uncertain source (rule out bacteremia, LP negative): In suspected meningitis, UTI, or pneumonia consult formulary for drug choice and dosage.				
	1-28 days: ☐ ampicillin	mg IV q	h		
	Age	Weight	Dose		
	0-7 days	>2 kg	50 mg/kg/dose IV q8h		
	8-28 day	s >2 kg	50 mg/kg/dose IV q6h		
	tobramycin mg IV qh				
	Age	Weight	Dose **	** if gestational age +	
	0-7 days	1	3 mg/kg/dose IV q18h	chronological age <37 wks, see formulary for dosing	
	8-28 day	s >1 kg	2.5 mg/kg/dose IV q8h	instructions	
	29-90 days: no antibiotics (low risk patient) ampicillin mg IV q6h (50 mg/kg/dose, max 1 g/dose) cefoTAXime mg IV q8h (50 mg/kg/dose, max 4 g/dose) OTHER ORDERS: acetaminophen mg PO / PR q4h prn (15 mg/kg/dose, max 75 mg/kg/day) acyclovir mg IV q8h (20 mg/kg/dose) NP swab (multiplex) – consider only if respiratory symptoms & discharge home likely DISCHARGE CRITERIA:				
	1. confirmed next day follow-up 2. feeding & clinically well 3. no empiric antibiotics unless LP				

TABLE. Risk Factors and Criteria

Fever of Uncertain Source (FUS)	An acute illness in which the etiology of the fever is not	
	apparent after a thorough history and physical exam	
	 Includes patients with symptoms of a viral upper 	
	respiratory tract infection	
Perinatal High Risk Factors	History of prematurity (< 37 weeks)	
	Current or previous antibiotics	
	Previous hospitalization	
	Chronic illness	
	Not discharged home with mother	
HSV Risk Factors	<u>History & Clinical Features</u>	
	Maternal HSV infection prior to delivery	
	Intrapartum genital HSV lesions	
	Postnatal HSV contact	
	Vesicular skin rash	
	Eye and/or mouth manifestations; hepatosplenomegaly	
	Seizures	
	<u>Lab Features</u>	
	■ CSF pleocytosis > 20 WBC/mm³ + negative gram stain	
	Thrombocytopenia	
	Elevated transaminase	
CSF Pleocytosis	1-28 days: WBC > 18	
	29-90 days: WBC > 9	
Low Risk Testing Criteria	■ CRP < 20 mg/L	
	■ Urine screen negative	
	CXR without evidence of discrete infiltrate	
Transfer Criteria	No meningitis	

Division of Pediatric Emergency Medicine Management of Well-Appearing Young Infants with Fever Uncertain Source Age 1-90 Days

