Fever 2-6 MONTHS URGENT CARE **CLINICAL PRACTICE GUIDELINE** PRESENTING WITH TEMPERATURE ≥ 38.0 C RECTAL



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.

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· Presenting with seizure

Unreliable social

situation

EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency Petechiae
- Chronic disease
- Currently on antibiotics
- Immunizations with in 48 hrs

¹SOURCE OF FEVER

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

²UTI RISK FACTORS

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

Females:

³PROBABILITY OF UTI

Number of Risk Factors Present Probability of UTI Circumcised Female Male <2 risk factors ≤1 risk factor <u><</u>1% ≤3 risk factors ≤2 risk factors <u><2</u>%

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

⁴Abnormal Lab Tests

Abnormal UA:

- > 9 WBC hpf (high power field) or
- +nitrites or
- LES ≥2+
- Risk for bacteremia:
- WBC ≥20,000
- Absolute Neutrophil Count ≥10,000

⁵URINALYSIS WITH REFLEX TO CULTURE

Urinalysis will reflex to culture if:

• WBC>9 or

- · nitrite positive or
- LES≥2+ or

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

⁶UTI TREATMENT

- Inpatient therapy if:
- Ill appearing
- Persistent vomiting
- Unreliable family situation

Outpatient therapy:

- Antibiotic options based on local pathogens and sensitivities
 - o Cephalexin 25mg/kg/dose TID x 10 days is drug of choice
 - o Alternative is 2nd generation cephalosporin, Cefprozil 15mg/kg/dose BID if there is concern with compliance with TID dosing
- Consider 1st dose of antibiotic (cephalexin) before discharge
- *=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT