Approach to the Febrile Neonate (< 90 days)

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THE MISFITS: differential diagnosis for the sick neonate
Trauma
Heart
Endocrine
Metabolic
Inborn Errors of Metabolism
Seizure
Formula Disasters
Intestinal Catastrophe
Toxins
Sepsis

Ill Appearing
- Yes: consider causes of sick neonate: THE MISFITS
- Infection: full septic workup and treatment
  - IV/IO access: 20ml/kg crystalloid bolus
  - Evaluation: emergent fingerstick glucose, cbc, chem, blood cultures, UA, urine culture, LP studies, CXR (if respiratory symptoms), stool studies (if diarrhea), LFTs if concern for herpes, consider HSV PCR testing as well
  - Antibiotics:
    - Less the 28 days: vancomycin, ampicillin, cefotaxime or gentamycin, acyclovir
    - Older than 28 days: vancomycin, ampicillin (listeria risk highest 29-60 days), ceftriaxone, acyclovir (herpes risk highest 29-60 days)

Not Ill Appearing
- Less than 28 days, well-appearing
  - Full septic work-up including CSF studies and antibiotic treatment as noted above
- Older than 28 days, well appearing
  - Use Rochester, Philadelphia, or Boston criteria to determine if child if low risk -> These scores are not perfectly sensitive, should ultimately follow local protocol
  - Premature infants: manage according to their adjusted chronologic age
  - Search for focal bacterial source with basic evaluation: PNA, AOM, UTI, cellulitis
  - Consider risk factors: pursue further evaluation if concerned
    - Low risk features: term, healthy, well appearing, normal basic w/u (exam, urine, CBC), ANC < 10K , procalcitonin <0.05, CRP <20mg/dL
- Disposition
  - Low risk: consider avoiding LP, +/- antibiotics, admission for observation
    - Could also consider strict next day follow-up in consultation with pediatric specialist
    - Family should be reliable, demonstrate good understanding of d/c instructions, be able to return to ED if clinical worsening, able to f/u with PCP
    - High risk features present: consider antibiotics and admission