



Approach to the Febrile Neonate (< 90 days)

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Ill Appearing

Yes: consider causes of sick neonate: THE MISFITS

Infection: full septic workup and treatment

IV/IO access: 20 mL/kg crystalloid bolus

Evaluation: POC glucose, CBC, chem, blood cultures, UA, urine culture, LP studies, CXR (if respiratory symptoms), stool studies (if diarrhea), LFTs if concern for HSV (consider PCR)

Antibiotics:

Less than 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 -> criteria 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 < 20 mg/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: full workup with antibiotics and admission