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