

Well Appearing **29 to 60 day-old** with Temperature $\geq 38^{\circ}\text{C}$

Exclusion Criteria: Ill Appearance, Prematurity (< 37 weeks), chronic medical condition, focal infectious source (includes bronchiolitis, not URI)

Obtain CBC, Blood Culture, CRP, Procalcitonin, RVP, UA, Urine Culture via catheterization

Any Inflammatory Marker Elevated?

No

Yes

UA is Positive:
Administer ceftriaxone.
Discharge home with oral antibiotics and PCP follow up within 24 hours.

UA is Negative:
No antibiotics.
Discharge home with PCP follow up within 24 hours.

Shared Decision Making (SDM) Regarding Need for Lumbar Puncture*

No CSF

UA Positive: Administer ceftriaxone and admit to hospital.

UA Negative: May administer ceftriaxone and admit to hospital. (Consider discussion with admitting team.)

Negative CSF

UA Positive: Administer ceftriaxone. May admit to hospital **or** discharge with oral antibiotics and follow up within 24 hours.

UA Negative: May admit to hospital without antibiotics **or** administer ceftriaxone and follow up within 24 hours.

Positive CSF

Administer ceftriaxone and admit to hospital.

Definitions

Elevated Inflammatory Marker

- ANC > 4000 mm³
- CRP > 20 mg/L
- Procalcitonin > 0.5 ng/mL

Positive UA

- Any nitrite
- Any leukocyte esterase
- WBC > 5/hpf

Positive CSF

- WBC > 8

Empiric Antibiotics

No focus

Ceftriaxone 50mg/kg q24h

UTI only

Ceftriaxone 50mg/kg followed by:
Cefdinir 14mg/kg/day for 10 days

Meningitis

Ceftriaxone 100mg/kg q24h