

Well Appearing **22 to 28 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

Negative UA

Shared Decision Making (SDM) Regarding LP*

Positive UA

Perform LP
+
Administer Antibiotics
+
Admit to Hospital

Obtain CSF Studies: Culture, Gram Stain, Cell Count, Protein, Glucose, Meningitis PCR

Positive UA or Positive CSF

Administer Antibiotics
+
Admit to Hospital

Negative UA & Negative CSF

Administer Antibiotics
+
Admit to Hospital

Positive CSF

Administer Antibiotics
+
Admit to Hospital

Negative CSF

SDM regarding disposition:
May admit off Antibiotics **or**
Administer ceftriaxone and
follow up in 24 hours

No CSF

May Administer Antibiotics
(consider discussion with admitting team)
+
Admit to Hospital

Definitions

Elevated Inflammatory Marker

- Temp $> 38.5^{\circ}\text{C}$
- ANC > 4000 per mm^3
- CRP > 20 mg/L
- Procalcitonin > 0.5 ng/mL

Positive UA

- Any nitrite
- Any leukocyte esterase
- WBC $> 5/\text{hpf}$

Positive CSF

- WBC > 8

Empiric Antibiotics

No focus or UTI

Ceftriaxone 50mg/kg (q24h)

Meningitis

Ampicillin 100mg/kg (q6h)

Ceftazidime 50mg/kg (q8h)