Evidence Based Guidelines

Febrile Infant without a Source 6-24 months

Inclusion Criteria:

- Well appearing* child 6-24 months old
- Temp ≥ 39°C
- No definite source (e.g. fever only or mild sxs)
- ≥ 2 doses of Prevnar

***Well appearing:**

- Normal perfusion
- Normal strength/tone
- Strong cry
- Alert/active

Exclusion Criteria:

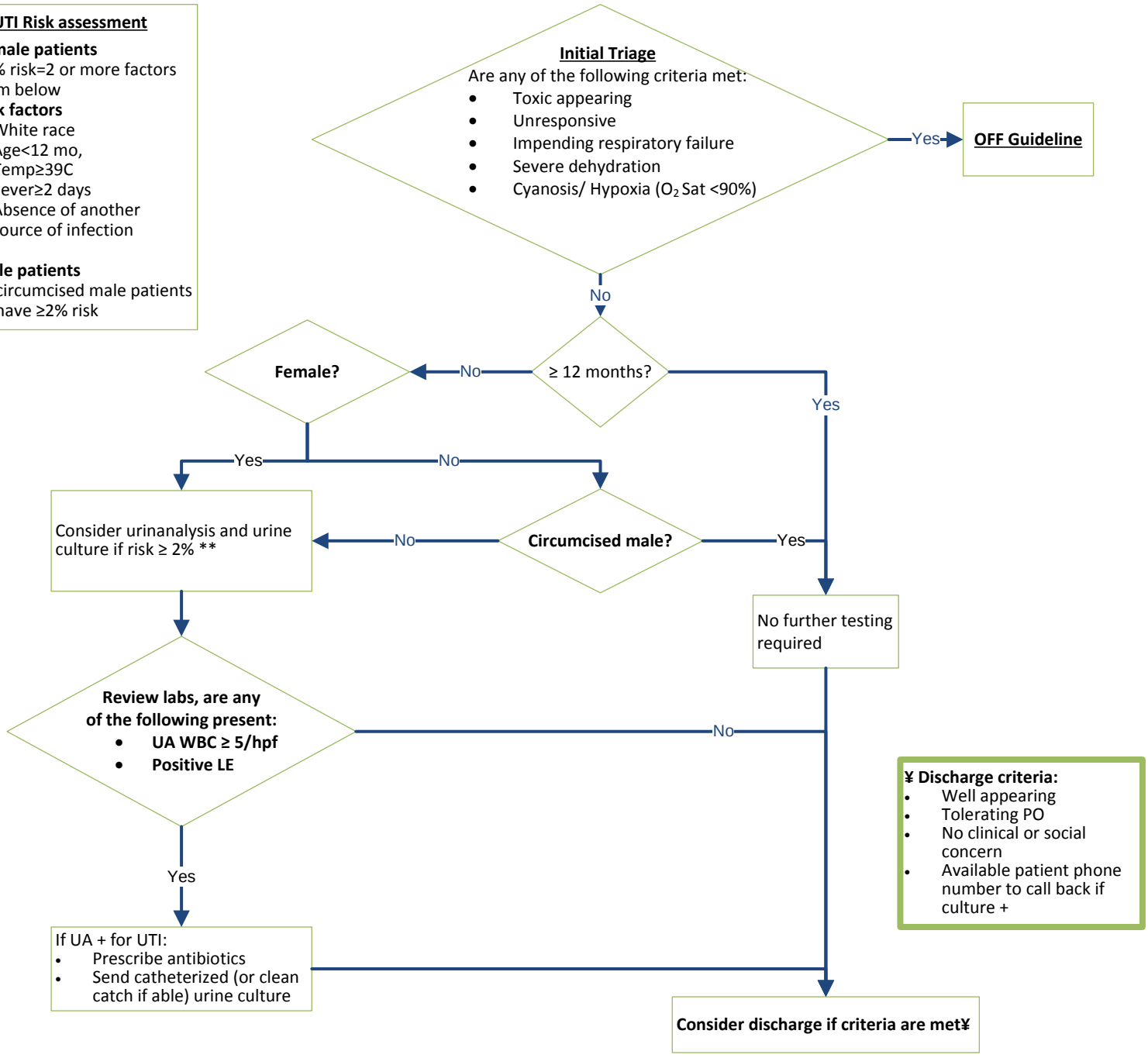
- Recognizable infection (e.g., croup, bronchiolitis, stomatitis, soft tissue infection)
- Currently on antibiotics
- Fever ≥ 5 day
- Immunocompromised
- Indwelling line or other internal devices
- Recent foreign travel
- H/o cardiac disease, GU abnormality, recent surgery

****UTI Risk assessment**

Female patients
≥2% risk=2 or more factors from below

Risk factors
White race
Age<12 mo,
Temp≥39C
Fever≥2 days
Absence of another source of infection

Male patients
Uncircumcised male patients all have ≥2% risk



¥ Discharge criteria:

- Well appearing
- Tolerating PO
- No clinical or social concern
- Available patient phone number to call back if culture +

This clinical guideline reflects current evidence based literature and practices. It is not intended to represent a legal standard of care. Decisions about evaluation and treatment are the responsibility of the treating clinician and should be tailored to individual clinical circumstances.

Last updated: 04/30/2018

Febrile Infant without a Source Information Sheet

Introduction

Fever is one of the most common pediatric chief complaints presenting to an emergency department. The goal of evaluation is to determine if testing is necessary for high risk bacterial infection such as urinary tract infection.

Signs and Symptoms

Many children with fever may present without any other symptoms or very mild symptoms such as mild congestion. When an otherwise well appearing child presents with fever for less than 5 days and no other symptoms or only mild symptoms, this is referred to as fever without a source.

Patients with the following symptoms should not be treated as fever without a source but treated as appropriate for their clinical diagnosis based on signs and symptoms below:

Signs/symptoms c/w croup including • Hoarse voice • Croupy/barky cough • Stridor Signs/symptoms c/w bronchiolitis including • Diffuse rhonchi/wheezing on exam • Increased work of breathing	Signs/symptoms c/w soft tissue infection including • Soft tissue redness • Soft tissue swelling/fluctuance • Soft tissue tenderness In children ≥ 2 mos, signs/symptoms c/w stomatitis including • Oral ulcerations • Lip ulcerations

If the following are present, the patient should **NOT** be considered fever without a source

- Hypotension
- Unresponsive
- Impending respiratory failure
- Severe dehydration
- Cyanosis / Hypoxia (O_2 Sat<90%)

Diagnosis/Treatment

The main infection of concern in this age group is urinary tract infection and testing is based on risk factors according to gender.

Acknowledgements Boston Childrens Fever EBG by Harper et al., Seattle Fever Clinical Pathway, CHOP Clinical Pathway by Scarfone et al.

References: Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 months. Pediatrics, Sept 2011.

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