

# UW Medicine | VALLEY MEDICAL CENTER

## Neonatal Fever: Emergency Management

Any infant 0-60 days old with:

- Fever  $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$  OR
- Parent/caregiver reported fever OR
- Signs of severe illness or sepsis

Evaluation & Diagnostics

- Labs
  - CBC with diff
  - UA (catheterized) w/ microscope analysis
- PCT
  - recommended 22-28 days old
  - optional <22 days old
- LP with CSF Analysis if:
  - 0-21 days OR
  - Ill appearing OR
  - Elevated inflammatory markers (IMs)
- Cultures – Blood, Urine, CSF (see LP above)
- Consider CXR if cough or signs of respiratory distress

Discharge Criteria

- CSF, UA, & IMs obtained (normal) AND
- Patient is well appearing AND
- Confirmed follow-up within 24hrs AND
- Empiric antibiotics administered (Ceftriaxone x1 given prolonged duration)

Monitor Closely at Home

Fever AND  
 PCT  $\geq 0.5$  ng/mL OR  
 ANC  $> 4000/\text{mm}^3$  OR  
 Positive UA

0-28 days old OR  
 Premature Infant  
 (gestational age <37 weeks)?

Antibiotic Treatment

- Ampicillin with Gentamicin (if concern for CNS, switch to Cefotaxime)
- Consider Acyclovir if suspected neonatal HSV\*
- See [VMC Pediatric Antibiotic Card for dosing](#)

Consult PEDSHOSP or NICU Provider

\*SUSPECTED NEONATAL HSV (CONSULT PEDIATRIC ID)

- Mother w/ genital HSV lesions or recent fever after delivery
- Infants w/ vesicles
- Seizures
- Hypothermia
- CSF pleocytosis
- Leukopenia, thrombocytopenia, or elevated ALT

Ill Appearing?

- Lethargic
- Hypoglycemic (BG <50)
- Severe tachycardia
- Toxic appearance
- Hypotension
- Tachypnea

WELL APPEARING

Admit to Inpatient (Mother-Baby Unit – 3A)

ILL APPEARING

NICU consult (consider Admit to NICU)