

Management of infants with fever without source (≤ 3 months old)2002/01(制定) 2007/01(審)

● Definition of fever

Rectal temperature of 38.0 degrees C or higher in an unbundled infant→ unbundled and retake temperature in 15 to 30 mins

● Cause of fever

Infection

High environmental temperature

Dehydration

Drugs, immunization

Kawasaki disease

● Assessment of the febrile infant(病歷上應記錄相關資料)

History

Prematurity	Y_____	N_____
Antibiotic therapy	Y_____	N_____
Chronic illness	Y_____	N_____
Prior hospitalization	Y_____	N_____

Physical examination

Vital Signs

Temperature_____ Pulse_____

Respirations_____ Blood pressure_____

Hydration abnormal	Y_____	N_____
Perfusion abnormal	Y_____	N_____
Activity abnormal	Y_____	N_____
Otitis media	Y_____	N_____
Skin infection	Y_____	N_____
Bone joint infection	Y_____	N_____
Lethargy	Y_____	N_____
Hypotonia	Y_____	N_____

Laboratory Evaluation

WBC:<5000 or >15000/mm ³	Y_____	N_____
Bands:>1000/ mm ³	Y_____	N_____
Urinalysis>=5 WBCs/hpf	Y_____	N_____
If rales, tachypnea→chest radiograph	Y_____	N_____
If diarrhea, stool >=5 WBCs/hpf	Y_____	N_____
Blood culture	Y_____	N_____
Urine culture	Y_____	N_____
Cerebrospinal fluid	Y_____	N_____

Social Situation

Home telephone	Y_____	N_____
Car available	Y_____	N_____
Parental maturity	Y_____	N_____
Thermometer	Y_____	N_____
Time from home to PER <30 min	Y_____	N_____

Low-Risk Criteria for Febrile Infants

Clinical Criteria

- Previously healthy
- Nontoxic clinical appearance
- No focal bacterial infection (except otitis media)
- Good social situation

Laboratory criteria

- WBC count 5 to 15000/ mm³, <1500 bands/ mm³
- Normal urinalysis (<5 WBCs/hpf)
- When diarrhea present, <5 WBCs/hpf in stool

!!! Toxic appearing infants !!!

Lethargy: poor eye contact, failure to recognize parents, poor interaction

Poor perfusion: mottled skin, capillary refilling time increases

Tachypnea, grunting, hypoventilation

Decreased muscle tone

Cyanosis

- **Febrile infant less than 28 d/o**

All should have sepsis evaluation and hospitalized

-- CBC, DC, CRP, CSF exam, U/A, B/C, **U/C, CSF/C**

Option 1: parenteral antibiotics (high and low risk)

First choice : Ampicillin + GM

Option 2: observation (low risk only)

- **Febrile infant, 28-90 d/o**

Non-toxic-appearing and low risk → outpatient management , reevaluation within 24 hours

Option 1: urine culture, careful observation

Option 2: blood culture, urine culture, lumbar puncture, ceftriaxone 50 mg/kg IM, reevaluation within 24 hours

Toxic or non-low risk → admission

Reference:

Barraff LJ, Bass JA, Fleischer GR, et al. Practice guideline for the management of infants and children 0 to 36 months of age with fever without source.

Pediatrics. 1993, 92: 1-12

Sectish TC. Management of the febrile infant. Pediatr Ann 1996;25:608