Algorithm for Fever of Unknown Source in Infants 0-60 Days of Age • HSV PCR: CSF, whole blood, Presentation: High risk patient, do full surface, vesicle • ill appearing or work-up including LP Hepatic and BMP • Has a chronic illness or Admit on empiric • Acyclovir 20 mg/kg has an abnormal Pediatric antimicrobials Assessment Triangle Admit on empiric antimicrobials YES High Risk Historical and Physical Exam **Findings for Perinatal HSV:** Presence of maternal HSV 7 days before or after delivery NO Known household contact(s) with oral or cutaneous HSV present at any time since the infant's birth Apnea in former term infant High risk patient, do Poor perfusion full work-up including Are they high Hypothermia (<36° C) in former term Infants ≤ 28 days old LP and consider HSV risk for HSV? Seizure, altered mental status, abnormal risk factors neurologic exam Vesicular or petechial rash Poorly healing scalp electrode site Excessive bleeding CSF Risk Factors for Perinatal HSV Pleocytosis (CSF WBCs>19/mm³) with no Obtain the following labs; PCT, organisms on gram stain AND <50% CBC with diff, blood culture, UA, neutrophils urine culture NO ≤ 21 days: CSF HSV PCR 22 - ≤ 28 days: Hold CSF Admit on empiric antimicrobials Stratify risk based on lab results **Intermediate Risk** High Risk Abnormal UA **Low Risk** Negative UA Negative UA with • Positive UA: (WBC ≥ 10 per Negative UA (UA with <10 $PCT \le 0.5 \text{ ng/mL}$ • PCT > 0.5 ng/mL hpf) WBC per hpf) AND **BUT** regardless of ANC $PCT \le 0.5 \text{ ng/ml}$ $ANC > 4000 / mm^3$ value $ANC \le 4000/mm^3$ **ACTION ACTION ACTION ACTION** No antimicrobials Option 1: Proceed with Proceed with LP and Option 1: Defer LP and discharge home with LP, send CSF studies **CSF** studies treat empirically for presumed UTI if: PCT ≤ close follow up with and consider empiric Start empiric PCP in next 24 hours 0.5 ng/mL regardless of antimicrobials antimicrobials and Family knowledgeable Option 2: Defer LP and admit to hospital ANC value; consider of when to call/return admit for observation admission OFF antimicrobials (can **Option 2: Consider LP** and sending CSF repeat PCT in 8 hours studies if: PCT > 0.5 ng/ from first draw) mL regardless of ANC value; admit to hospital