



***PEDIATRIC EMERGENCY DEPARTMENT CLINICAL GUIDELINE:  
FEVER IN NEONATE (< 60 days)***

- Gram negative coverage
- Combined w/ampicillin provides synergistic coverage for Grp B Strep
- General recommendation 0-2wks of life, and then may switch to ceftriaxone or cefotaxime (easier dosing/does not require monitoring of levels)

OR

- **Cefotaxime 50 mg/kg/dose divided q 6hrs IV (or IM) (age > 2wks)**
- Consider adding Vancomycin 15mg/kg/dose IV if infant is critically ill or if mother or child were previously treated with antibiotics for Group B Strep (resistant organisms)
- Consider adding Acyclovir 20mg/kg/dose IV if infant is critically ill, seizing, or mother has a history of herpes
  - Seen early – classically within the first 1-3 weeks of life
  - LFT's may be elevated – particularly SGPT (systemic herpes infection)
  - Send HSV PCR on CSF

\* Special Scenario - Tactile Fevers & “Fussy Babies” without documented fevers

- History and Physical examination are essentially the same
- Laboratory evaluations are variable, and there are no standardized recommendations. The most common finding in this group of neonates (without documented fever in the ER, but with reported tactile fever and historical fussiness reported by family is the occasional finding of a UTI).
- CBC, BCx, Cath U/A and Cx is therefore a reasonable consideration, particularly if the baby does seem to be irritable, but not mandatory.

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**DISCLAIMER:**

This clinical guideline has been developed for the purpose of unifying the general emergency care of infants with fever. It is intended to aid, rather than substitute for, professional judgment. It is not intended to serve as a rigid protocol or a written proxy for the standard of care. Failure to comply with this guideline does not represent a breach of the standard of care.