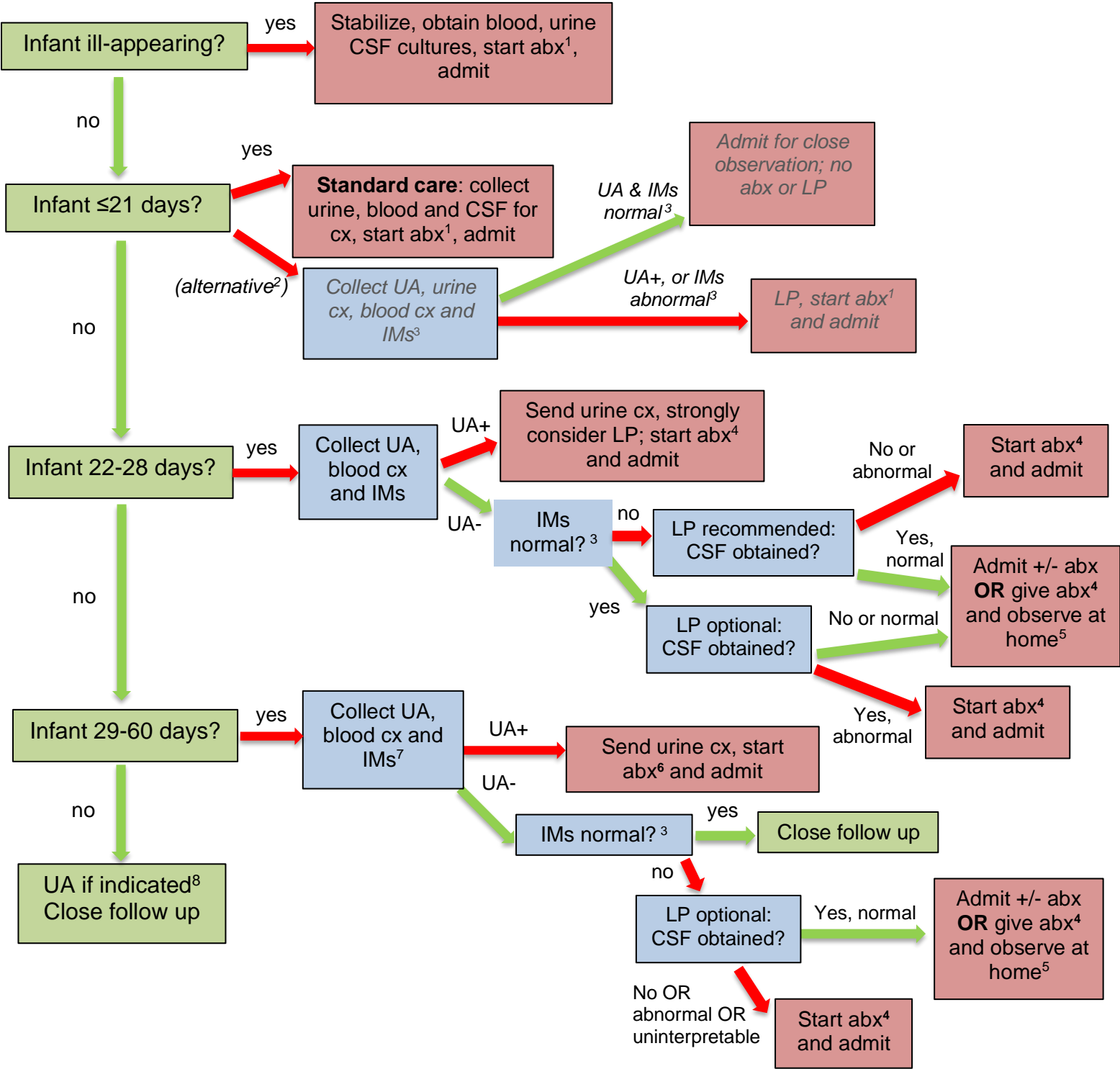


**Management of Well-Appearing Infants with FWS (Fever Without a Source)
AAP Guidelines 2021**



¹ Depending on age and suspected organisms, may include: amp/gent or amp/cefotaxime; +/- vancomycin +/- acyclovir

² Consider in **select circumstances**: older age (>14 days), +viral test, bronchiolitis, other reassuring factors, +unable/unwilling to do LP

³ Reassuring **inflammatory markers (IMs)** include: PCT* ≤ 0.5 ng/ml; CRP ≤ 20mg/L; ANC >1K and <4K. *If PCT is not available, infants <29 days should be managed as those <21 days

⁴ Recommended: ceftriaxone (if LP + consider vanco; +/-acyclovir if <28 days)

⁵ **Home option only if**: low suspicion for meningitis, caregiver/provider agreement, reliable phone/ transportation, agree to reassess in 24 hrs

⁶ Presumed pyelo: blood cx and IV abx (ceftriaxone) recommended if 29-60 days. May DC home on PO cephalexin if afebrile and blood cx negative > 24 hrs

⁷ Consider **rapid RSV/flu/COVID test**: if +, provides additional reassurance against invasive bacterial infection

⁸ Recommended if fever > 39 for > 48 hrs AND either circ male < 3 mo, uncircumcised male < 6 mo or female < 2y