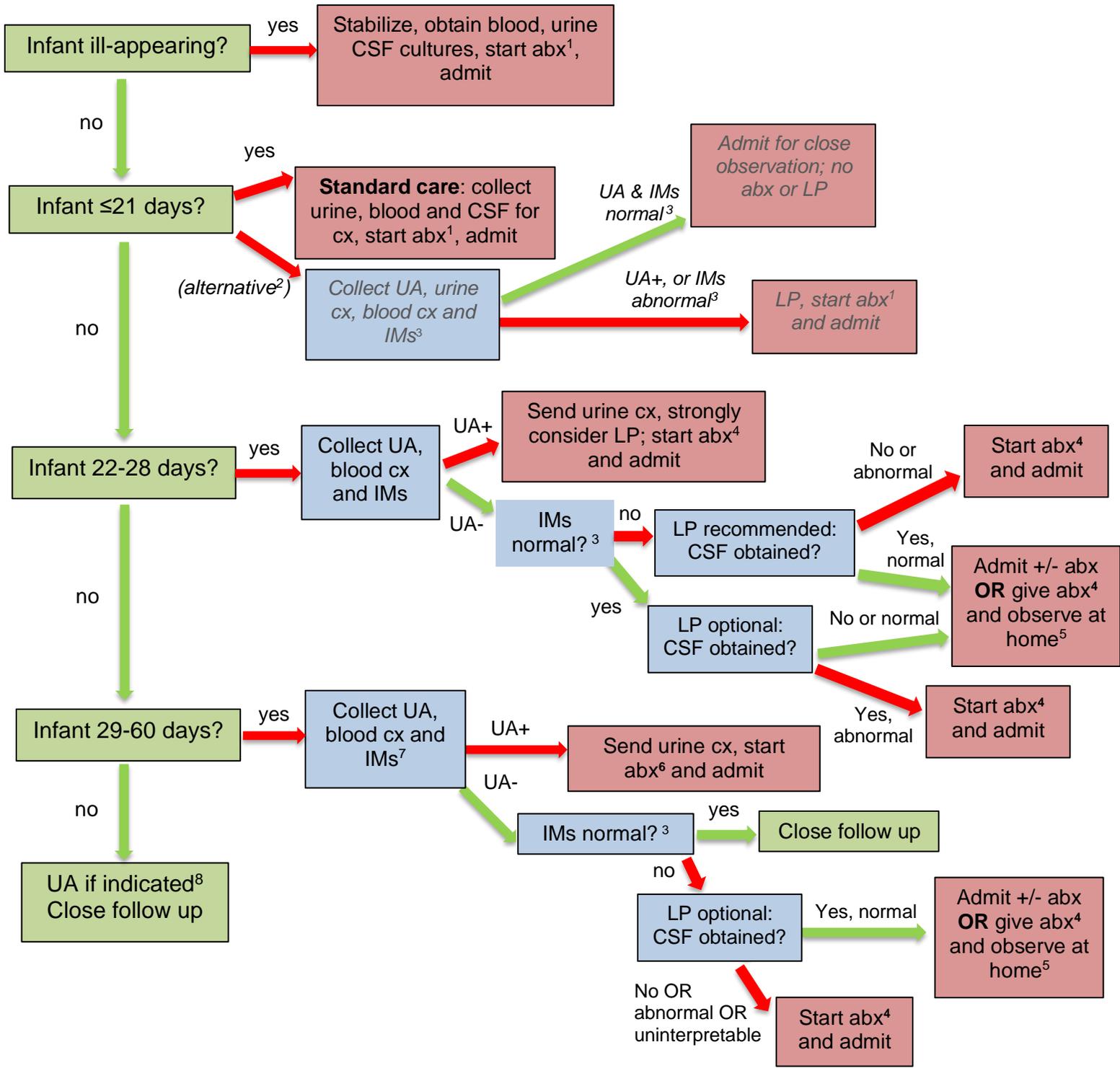


**Management of Well-Appearing Infants with FWS (Fever Without a Source)  
AAP Guidelines 2021**



<sup>1</sup> Depending on age and suspected organisms, may include: amp/gent or amp/cefotaxime; +/- vancomycin +/- acyclovir  
<sup>2</sup> Consider in **select circumstances**: older age (>14 days), +viral test, bronchiolitis, other reassuring factors, +unable/unwilling to do LP  
<sup>3</sup> 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  
<sup>4</sup> Recommended: ceftriaxone (if LP + consider vanco; +/-acyclovir if <28 days)  
<sup>5</sup> **Home option only if**: low suspicion for meningitis, caregiver/provider agreement, reliable phone/ transportation, agree to reassess in 24 hrs  
<sup>6</sup> 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  
<sup>7</sup> Consider **rapid RSV/flu/COVID test**: if +, provides additional reassurance against invasive bacterial infection  
<sup>8</sup> Recommended if fever > 39 for > 48 hrs AND either circ male < 3 mo, uncircumcised male < 6 mo or female < 2y