



¹ Exclusion Criteria

- Post Bone Marrow Transplant (BMT)
- Concern for Sepsis

² CIP/Initial Labs/Diagnostics

ED CIP:

1. CBC with diff
2. Reticulocyte count
3. Blood culture
4. Draw and hold blood sample (for any additional testing if needed^d)
5. UA and Urine Culture for urinary symptoms*
6. CXR-2V if cough/chest pain

Clinic CIP:

1. CBC with diff
2. Reticulocyte count
3. Blood culture
4. Draw and hold blood sample (for any additional testing if needed^d)
5. UA and Urine Culture for urinary symptoms*

*Urinary symptoms include symptoms of UTI, dysuria, urinary frequency, hematuria, new incontinence, suprapubic pain, back pain, or unexplained abdominal pain

Initial Evaluation and Monitoring

- Identify risk factors present (CVL, Surgical Splenectomy)
- Supplemental O₂ if sats ≤ 93%
- Any focal infection
- Spleen size (compare with baseline exam)

³ High Risk

Factors:

- Central Venous Line (CVL)
- History of surgical splenectomy

Antibiotics for Levofloxacin Allergy:

- First line: Ampicillin
- Second line: Clindamycin
- Consult ID if other alternatives are required

⁴ Additional Labs/Diagnostics

Consider:

- BMP, if concern for dehydration
- Chest X-ray, if respiratory symptoms, hypoxia or chest pain
- Type and screen if splenomegaly
- Respiratory viral panel, if any respiratory symptoms during seasonal viral outbreaks



Discharge Medications

Localizing Source

Treat the source of fever as appropriate.
Refer to the guidance for [Antimicrobial Stewardship for otherwise healthy children with common conditions](#)

Non-Localizing Source

For standard risk patients stable for discharge after IV Ampicillin;
Additional 2 doses of oral Amoxicillin (at q8h interval) are required to continue empiric antibiotic coverage for a full 24-hour period (Max dose 1000mg).
Give 1st dose at home 8 hrs after IV dose in hospital.

Body weight	Amoxicillin dose	Amoxicillin daily dose equivalent (mg/kg)	Number of tablets per dose	Total number of tablets to be given at discharge
7.5-10kg	250mg	75-100	1	2
10.1-14kg	375mg	80-111	1.5	3
14.1-19kg	500mg	78-106	2	4
19.1-25kg	750mg	90-117	3	6
≥25.1kg	1000mg	≤120	4	8

*If Penicillin allergy, give prescription for Clindamycin 10 mg/kg/dose (Max single dose 600 mg) q8h for 2 doses.

High risk Patients:

Patients age ≥5 years who receive IV LevoFLOxacin and meet discharge criteria do NOT need additional discharge medication as LevoFLOxacin provides 24-hour coverage.

Patients who have Levofloxacin Allergy: Use the medications listed under standard risk **(See Page 1)³**.

Additional Agent

Oseltamivir (Tamiflu) PO: Recommended for patients with flu-like symptoms during seasonal influenza outbreaks.
Start within 2 days of symptoms (Max dose 75mg per dose)
(Consider other antiviral medications as appropriate after discussion with hematology)

Age	Body Weight	Dose	Dose Frequency
0-12 yo	≤15kg	30mg	BID x5 days
	16-23kg	45mg	BID x5 days
	24-40kg	60mg	BID x5 days
	>40kg	75mg	BID x5 days
≥ 13 yo	75kg	75mg	BID x5 days