



PLACE PATIENT ON: <ul style="list-style-type: none"> • Cardiac monitor • Topical anesthetic to spine at level of iliac crest • Strict NPO diet • Set up for lumbar puncture 	FULL SET OF VITAL SIGNS: <ul style="list-style-type: none"> • HR • RR • BP • Pulse Ox • Temperature 	<p align="center">NOTIFY ATTENDING</p>
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BLADDER CATHETERIZATION: <ul style="list-style-type: none"> • Urinalysis • Urine Culture* 	IV ACCESS WITH BLOOD DRAW: <ul style="list-style-type: none"> • CBC with Diff • Blood Cultures* • ALT² (if patient is ≤ 14 days of age)* • Obtain blood HSV PCR* in case HSV⁴ risk factors become evident 	LUMBAR PUNCTURE:³ <ol style="list-style-type: none"> 1. CSF Cell count/Diff 2. CSF Glucose and protein* 3. CSF Culture and Gram stain* <ul style="list-style-type: none"> • Consider ME PCR Panel* 4. Obtain CSF HSV PCR* in case HSV⁴ risk factors become evident
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Defer obtaining HSV PCR for surface samples to admitting hospital:

- Any suspicious skin lesions
- Eyes, nose & rectum

ANTI-INFECTIVES⁵:

- Ampicillin⁵
- AND
- Gentamicin⁵

Transfer to hospital for admission—consider direct admission or to the ED if patient needs lumbar puncture

¹INCLUSION CRITERIA

Febrile (≥ 38.0C Rectal at home or reported from Urgent Care or Primary Care)

EXCLUSION CRITERIA

- Toxic appearance
- Underlying immunodeficiency
- Chronic disease
- Currently on antibiotics
- Presenting with seizure
- History of prematurity (< 37 weeks)
- Abnormal antenatal/prenatal history

²CMP

CMP may replace ALT if additional chemistries are indicated

³LUMBAR PUNCTURE

- CSF culture preferably not from first tube collected
- If CSF sample inadequate for cell counts and pleocytosis cannot be determined, discuss need for HSV PCR

⁴RISK FACTORS FOR HERPES SIMPLEX VIRUS (HSV)

- Maternal history of herpes
- Patient presents with seizures
- Hypothermia
- Ill appearing
- Suspicious skin lesions (including any scalp lesions)
- CSF pleocytosis (≥ 20 WBC for <28 days of age) with negative Gram stain
- Elevated ALT (>50)

ADDITIONAL TESTS—BASED ON SYMPTOMS

- If lower respiratory symptoms:
- Obtain chest x-ray
- If diarrhea:
- GI PCR Panel (send to ED if obtained)

⁵ANTI-INFECTIVES

- Ampicillin 100mg/kg IV
- Gentamicin (5mg/kg/dose IV). If patient is ≤ 7 days the dose is 4mg/kg/dose
- If no IV access, Amp/Gent can be used IM for one dose.

***=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT**

ME- MENINGO-ENCEPHALITIS PCR PANEL