

Fever < 90 days 'Hot Baby' Pathway

History

- Reduced feeding
- Lethargic
- Risk factors for sepsis:
 - Maternal infection in labour
 - Prolonged rupture of membranes
 - Group B strep
- Post immunisation?

Clinical examination

- Tachycardia
- Mottled/poor perfusion
- Irritable
- Tachypnoea

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Documented Temperature >38c

GP/healthcare setting *

Prepare for Pee

Urine pot set up asap!

*Temperature recorded on an **axillary** thermometer: If baby looks well consider observation at first if other methods used

0-30 days

Initial Investigations

- FBC/CRP/UnEs/Gas- lactate!
- Blood culture
- Neonatal sepsis swabs: throat + rectum
- Urine: before abx
 - if no sample after IV access then for in/out catheter.
- Stool (if diarrhoea)
- CXR: if signs, note a fever causes rise in RR.

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Antibiotics: IV cefotaxime + IV Amoxicillin
(? acyclovir: see microguide)

31-90 days

Initial Investigations

- FBC/CRP/UnEs/Gas- lactate!
- Blood culture: take and hold
- Urine sample.
- If clinically well observe and await test results.
- IV Antibiotics guided by clinical signs and results (i.e CRP >20, positive urine dip)

IV Ceftriaxone 80mg/kg OD

Lumbar Puncture STOPP checklist (see full guidance for tool)

Ideally prior to abx; if haemodynamically stable.

- 3 x white top 1 + 3 Microbiology/Viruses
- 2 Biochem: protein
- 1x yellow glucose bottle: biochem

- Consent (verbal)
- Blood glucose prior to LP: document in notes!
- Sterile procedure
- Assemble team

Can this patient Ambulate?

Contra-indications to LP: signs of shock, Plts <100, abnormal clotting, signs of a spreading meningococcal rash, infection at LP site.

Further resources:

-Wessex healthier together clinical pathway:

https://what018.nhs.uk/application/files/3415/7486/5073/NHS_fever_pathway_acute_setting.pdf

- NICE guidance on Fever under five: assessment and initial management: <https://www.nice.org.uk>

-PIER suspected meningitis: <https://www.piernetwork.org>