

Recommendations for the Use of Empiric Acyclovir in Febrile/Hypothermic Infants Younger than 90 Days

Is the Infant <42 days with hypothermia (≤ 36) or fever (≥ 38)?

Yes

No

Does the infant exhibit any of the following?

- Vesicular skin lesions
- CSF abnormalities:
 - Elevated WBC (>18 in infants 0-28 days; >9 in infants older than 29 days)
- Seizures
- Septic appearance
- Elevated transaminases (>2 times the upper limit of normal).

Infants >42 days of life or those without temperature instability should not be empirically treated per this guideline¹. Other sources for symptoms should be evaluated. Consult ID to discuss indication if acyclovir is felt to be warranted.

Yes

No

Obtain ALL of the following:

- HSV blood PCR (gold top tube)
- HSV CSF PCR
- HSV PCR of skin lesions (if present)
- HSV PCR of surface sites, including oropharyngeal, conjunctival, periumbilical and perirectal (one white swab for all)
- Serum ALT

Do not initiate workup for HSV. Consider other causes for fever.

Initiate empiric treatment with IV Acyclovir 20mg/kg/dose every 8 hours.

Discontinue acyclovir as soon as PCR testing returns negative

If testing is positive, consult the Pediatric Infectious Disease team for recommendations for length of treatment and to ensure outpatient follow-up.

[Adapted from Byington et al. "Costs and Infant Outcomes after Implementation of a Care Process Model for Febrile Infants" Pediatrics 2012; 130: S11-8.](#)

¹ American Academy of Pediatrics. Herpes Simplex. In: Pickering LK, ed. *Red Book: 2009 Report of the Committee of Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:363-373.

Disclaimer: The following information is intended as a guideline for the use of empiric acyclovir in infants. Management of your patient may require a more individualized approach.