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

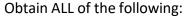
No

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).

No

Yes



- 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



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.

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

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.

Adapted from Byington et al. "Costs and Infant
Outcomes after Implementation of a Care Process
Model for Febrile Infants" Pediatrics 2012; 130: SI1-8.

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.

A.Sutton 11/8/17