

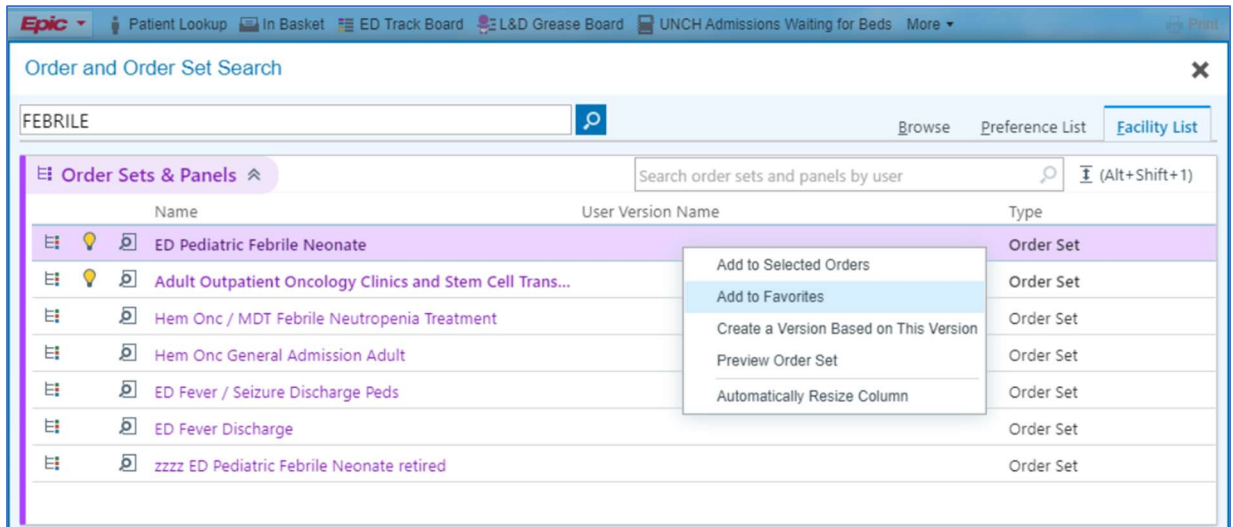
Tip Sheet for Using the ED Pediatric Febrile Neonate Order Set

This tip sheet will describe the basic steps to using this order set and highlight some of the features designed for clinical decision support.

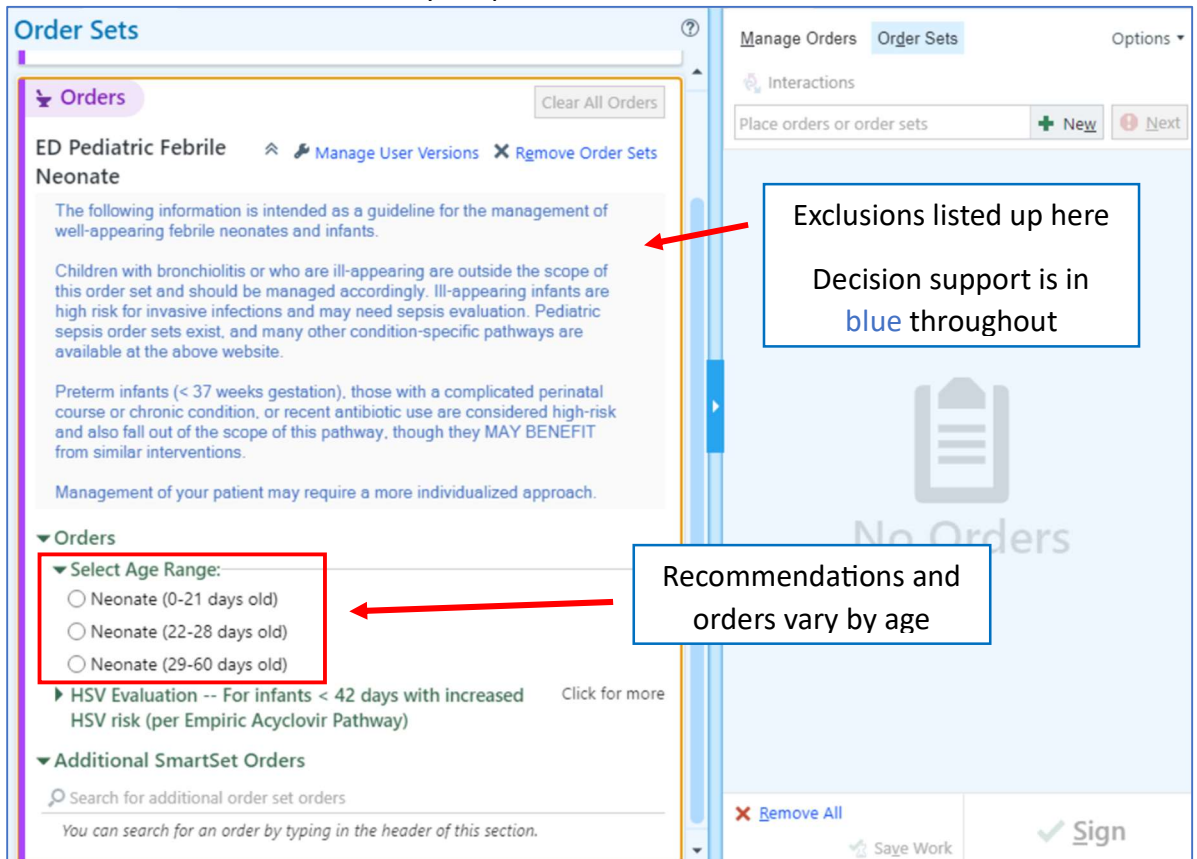
NOTE: This order set is only available to providers caring for patients while in the ED or urgent care setting. This order set will not be visible for those patients who have been admitted to an inpatient bed.

1. Search for the order set using your usual process

OPTIONAL: You can right-click to “favorite” this order set for future use



2. Select an order bundle based on the AGE of your patient



3. Choose the order cluster you need (e.g. Initial Labs, Lumbar Puncture, Antimicrobials, etc)
 - a. You *may* choose to order all of these things at the same time
 - b. For some patients it may be *more useful* to order initial labs and follow with lumbar puncture and/or antimicrobials once labs have resulted
 - c. This allows providers to use this order set at any point in patient care while centralizing all orders under a single source

▼ Orders

▼ Select Age Range:

Neonate (0-21 days old)

Respiratory viral testing should only be used to facilitate admission in this group as results do not help distinguish risk for bacterial infection. The risks of invasive bacterial infection in viral-positive infants <28 days of age are sufficiently high to warrant similar testing and treatment as viral-negative infants.

Initial Labs

Optional Studies (helpful if CSF not obtain/uninterpretable)

C-reactive protein
STAT

Notify Provider
STAT, Once, If unable to obtain blood and urine within 30 minutes

Lumbar Puncture

Antimicrobials (0-21 days)

Nursing Communication Orders

Misc nursing order
Routine, Once, today at 1240, For 1 occurrence
Antibiotics should be given AFTER all cultures have been obtained; confirm that patient does not need a lumbar puncture before giving antibiotics.

Neonate (22-28 days old)

Neonate (29-60 days old)

► HSV Evaluation -- For infants < 42 days with increased HSV risk (per Empiric Acyclovir Pathway) [Click for more](#)

▼ Select Age Range:

Neonate (0-21 days old)

Respiratory viral testing should only be used to facilitate admission in this group as results do not help distinguish risk for bacterial infection. The risks of invasive bacterial infection in viral-positive infants <28 days of age are sufficiently high to warrant similar testing and treatment as viral-negative infants.

Initial Labs

CBC w/ Differential
STAT, today at 1241, For 1 occurrence

ALT
STAT, today at 1241, For 1 occurrence

Blood Culture (BRMH/BRVH/CHT/UNC)

Blood Culture, Pediatric
STAT, today at 1241, For 1 occurrence
Before administering any antibiotic 1-4 mL is acceptable
What is the patient's weight? <30kg
Blood, 1 Peripheral Draw

Urinalysis with Microscopy
STAT, today at 1241, For 1 occurrence
Urine, Catheterized-In and Out Catheter

Urine Culture
STAT, today at 1241, For 1 occurrence
Collect before administering any antibiotics, Urine, Catheterized-In and Out Catheter

In and Out (I & O) cath
STAT, Once, today at 1241, For 1 occurrence
obtain urine labs via I&O cath

4. The order set will identify the recommended antibiotic / tests based on the choices you make
 - a. All empiric antibiotic recommendations, including dosages and frequency, align with clinical pathway and expert pediatric pharmacy advice
 - b. Using the order set for antibiotic ordering ensures your choices align with the best-available evidence

Lumbar Puncture

Antimicrobials (0-21 days)

Normal CSF

Abnormal/absent/uninterpretable CSF

<= 7 days

8-21 days

ampicillin sodium dilution (OMNIPEN) 30 mg/mL injection 1,000 mg (\$)
1,000 mg (rounded from 937.5 mg = 75 mg/kg × 12.5 kg), Intravenous, Every 6 hours, First dose today at 1243, For 2 days
Collect cultures prior to starting.
STAT, Indications: Other (specify in comments), neonatal fever

cefotaxime (CLAFORAN) injection (\$)
625 mg (50 mg/kg × 12.5 kg), Intravenous, at 25 mL/hr, Every 6 hours, First dose today at 1243, For 2 days
Collect cultures prior to starting.
STAT, Indications: Other (specify in comments), neonatal fever

cefTAZidime (FORTAZ) IV (\$\$)
50 mg/kg, Intravenous, Every 8 hours, for 2 days, If cefotaxime unavailable. Collect cultures prior to starting, STAT Indications: Other (specify in comments), neonatal fever

5. Decision support (blue where possible) is extensive and tailored to the clinical details for your patient

Neonate (22-28 days old)

Respiratory viral testing should only be used to facilitate admission in this group as results do not help distinguish risk for bacterial infection. The risks of invasive bacterial infection in viral-positive infants <28 days of age are sufficiently high to warrant similar testing and treatment as viral-negative infants.

Initial Labs

Secondary Work up

Inflammatory markers are most useful when considered as a group. The AAP recommends considering at least three of the following, with any ONE abnormal value indicating a higher-risk infant. Abnormal thresholds as follows:

- Temp > 38.5 C
- Absolute neutrophil count (ANC) > 4000 mm3
- C-reactive protein (CRP) > 20 mg/L OR Procalcitonin > 0.5 ng/mL

Abnormal Inflammatory Markers or Urinalysis

Normal Inflammatory Markers and Urinalysis

Lumbar puncture, optional (recommended if family desires discharge)

Antimicrobials (22-28 days)

Antibiotics are always indicated with abnormal inflammatory markers, urinalysis or CSF. If all are normal, **CONSIDER observing in the hospital OFF antibiotics OR discharging home on ceftriaxone with 24-hour follow-up.**

Normal CSF, hospitalized

Abnormal/uninterpretable CSF, hospitalized

All studies normal, home observation with 24 hour follow-up

cefTRIAXone dilution (ROCEPHIN) 40 mg/mL injection 625 mg (\$)
625 mg (50 mg/kg × 12.5 kg), Intravenous, Once, today at 1245, For 1 dose
Collect cultures prior to starting.
Do not mix with calcium containing products or with LR
STAT, Indications: Other (specify in comments), neonatal fever

6. A section on HSV Evaluation has been added to the end (ages don't align with prior categories)

Highlights which infants warrant HSV evaluation (risk varies by age/clinical features)

Pre-fills lab comments with collection advice

Acyclovir dosing pre-filled

▼ HSV Evaluation -- For infants < 42 days with increased HSV risk (per Empiric Acyclovir Pathway) --

Review the algorithm for the Use of Empiric Acyclovir in Infants (within the UNC Febrile Neonate/Infant pathway). DO NOT order unless infant exhibits significantly increased HSV risk as noted in the algorithm or per clinical judgment.

ALL infants < or = 14 days old

Infants 15-42 days old

Recommend testing and treating infants with ANY vesicular skin lesions, seizures, or septic appearance. Testing of other infants should be reserved for those with significant risk factors (see pathway, linked at the top of the order set for risk factors).

- 15-21 days old with a SINGLE risk factor
- 22-42 days old with MULTIPLE risk factors OR other strong suspicion

HSV PCR
STAT, today at 1246, For 1 occurrence
Blood, 1 Peripheral Draw

HSV PCR
STAT, today at 1246, For 1 occurrence
If CSF volume is limited, prioritize this culture first, followed by HSV PCR, and then all other tests, Cerebrospinal Fluid, CSF

HSV PCR
STAT, today at 1246, For 1 occurrence
Use single swab for conjunctiva, oropharynx, periumbilical and perirectal (in that order), Other-Comment Required, Other-enter as order comment

HSV PCR
STAT, Lesion

acyclovir (ZOVIRAX) 20 mg/kg in dextrose 5 % injection (\$\$)
20 mg/kg, Intravenous, Every 8 hours, Indications: Other (specify in comments), empiric treatment, First dose
! today at 1246
Initiate AFTER collection of HSV samples.