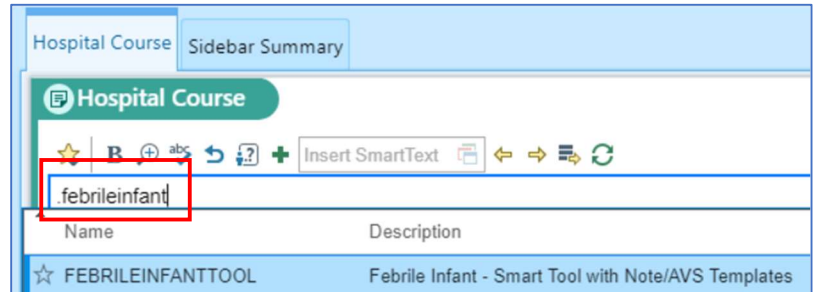


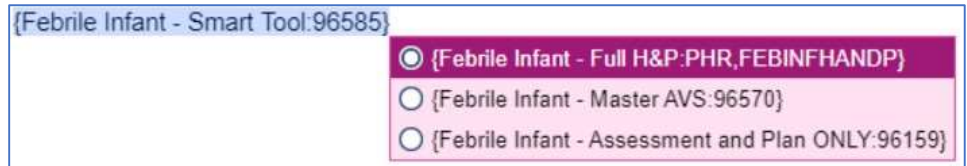
# Tip Sheet for Using the Febrile Infant Smart Tool ( [.febrileinfanttool](#) )

This tip sheet will describe the basic steps to using this dotphrase “smart tool” and highlight some of the features designed to expedite note writing and improve communication.

1. If you don't already have access, email [alex\\_ahearn@med.unc.edu](mailto:alex_ahearn@med.unc.edu)  
 NOTE: Should be available to all ED, PHM and resident providers, but new providers may need to be added ad hoc; will move to a more sustainable “system smart phrase” when no further improvements are anticipated
2. Type “.febrileinfanttool” in any free text field (notes, hospital course, discharge information, etc.)



3. The tool organizes dotphrases for an H&P, assessment and plans and AVS information (inclusive of patients discharged from inpatient and the ED/UC)



4. Dotphrases provide auto-generated smart text where possible and pre-fill recommendations based on inputs of patient-specific clinical details

**Pediatric History and Physical**

**Assessment/Plan:**  
 @HPROBLRES@

@NAME@ is a @AGEPEEPS@ infant, born full term, who is presenting with fever. Infant is non-toxic and without focal findings of bacterial infection. UA was {UA Collection - Infant 22-28 Days:96150}. Infant remains at high risk for invasive bacterial infection (IBI; inclusive of bacteremia and meningitis) due to age. Inflammatory markers are {Lumbar puncture (LP Performance 22-28 Days:96154) and CSF {CSF Febrile Infant 22-42 Days:96156}. Overall low concern for bronchiolitis (appearance), or other findings to suggest a more targeted evaluation. {Neonatal Fever {Febrile Infant Plan 22-28 Days:96170}.

Per AAP and [UNC clinical guidelines](#) for care of the febrile infant, patient warrants admission for empiric antibiotics (for any abnormal IMs/UA) and close observation and until blood, urine and CSF cultures are no growth for 24 hours.

**Neonatal Fever**  
 {Febrile Infant Plan 22-28 Days:96170}

**FEN/GI:**

- PO ad lib, parent choice of maternal breast milk or formula
- IVF if using nephrotoxic antibiotics and unable to maintain robust PO hydration
- Strict I/Os
- Vital signs per unit protocol

**Access:** PIV

5. The dotphrase will likewise list the pathway-recommended antimicrobials / plans based on the patient inputs selected

**Neonatal Fever**  
 {Febrile Infant Plan 22-28 Days:96170}

{NORMAL Inflammatory markers AND normal UA:96171}

{ABNORMAL Inflammatory markers OR abnormal UA:96174}

{High Concern for HSV Viremia:PHR,FEBINFPLANHSVCONCERN}

**FEN/GI:**

- PO ad lib, parent choice of medication
- IVF if using nephrotoxic antibiotics
- Strict I/Os
- Vital signs per unit protocol



**Neonatal Fever**

- Ampicillin 50 mg/kg/dose q8 hrs
- Gentamicin 4 mg/kg/dose q24 hrs
  - o Pharmacy consult to assist with dosing and monitoring
- Follow-up blood, urine, and CSF cultures
- Tylenol q6h as needed for fever or fussiness
- May discharge home if cultures are negative for at least 24 hours and clinically improving

**High concern for Primary HSV infection:**

- Acyclovir IV 20 mg/kg/dose q 8 hrs
- Follow-up all HSV PCR studies (blood, CSF, surface swabs)
  - o If positive, will consult Pediatric Infectious Disease regarding treatment course and outpatient follow-up
  - o If negative, will discontinue empiric acyclovir

6. Some providers may prefer not to tab through the dotphrase smart lists in narrative sections, like the HPI. However, the text is still useful for prompting providers on the key components of the history.

**HPI:**  
 @FNAME@ is a @AGEPEDS@ infant who presents with a fever.

She was in her normal state of health until \*\*\* when she developed Febrile Infant symptoms. She has not had any Febrile Infant symptoms. She has/had not had abnormal movements. She has been feeding well, been symptomatic. Has been voiding and stooling Voiding and stooling frequency.

There are are no known sick contacts. Has/Has not received recent antibiotics. Has/Has not received immunizations in the past 48 hours.

In the ED, Iris was/was not well-appearing. Inflammatory markers were Inflammatory Markers. Lumbar puncture Febrile Infant, LP Attempt. Blood and urine cultures have been collected. She was given Febrile Infant, Antimicrobials. \*\*\* cultures were pretreated.

Tmax (home): \*\*\*  
 Tmax (ED/UC): \*\*\*

7. The AVS section includes fully templated family-facing information that also aims to offer standard information to their outpatient providers on the plan of care.

Febrile Infant - Inpatient AVS ▾

- ? AVS - no bacterial infection
- ? AVS - UTI
- ? AVS - Bacteremia
- ? AVS - Meningitis

Febrile Infant - ED AVS ▾

- ? AVS - no bacterial infection
- ? AVS - UTI



Your baby was seen in the emergency department for fever (temperature 100.4 F or higher).

Fevers can be due to infection. Most infections are caused by a virus, which requires no special treatment and children will typically feel better in a few days. Less often, an infection is caused by bacteria and needs antibiotics. The immune system that protects our bodies from infection is not as strong in young babies. For this reason, young babies with a fever are at higher risk of a serious infection and need to be seen by a doctor.

Based on your child's test results and exam, we are reassured that their fever is *unlikely* to be caused by a serious bacterial infection. Very rarely, a culture (test looking for infection) will "turn positive" (grow bacteria) after 24-72 hours. If this happens, someone from the hospital will call you and your child's primary care provider.

Your child does NOT require hospitalization or treatment with home antibiotics at this time. It is still important that your child is seen by their primary care provider in the next 24 hours to make sure they continue to do well.

Please seek immediate medical attention if your child:

- Continues to have fevers for 5 or more days
- Stops feeding
- Is vomiting and unable to tolerate feeding
- Has fewer than 4 wet diapers in a day, is no longer making tears when crying, or shows other signs of dehydration
- Develops difficulty breathing (breathing very fast or very hard where you can see their ribs)
- Becomes difficult to wake up or is so irritable that he or she cannot be soothed