

Pediatrics for Emergency Physicians Network

Instructor Guide

Module III : Fever In (Otherwise Healthy & Well-appearing) Infants

Teaching points to clarify Module 3 content, are illustrated here through 5 case scenarios :

Case # 1: 1 month old male with fever to 100.4 at home.

Otherwise well. Full-term and no sig PMH or perinatal complications.

Exam : T 99 HR 172 RR 50 SaO2 98% (RA)

Otherwise normal exam.

Ques : What is first ? second? third ? fourth?things you do when you go to see pt

Answ : 1. ABC's/ Gen Appearance 2. Vitals yourself 3. RCA 4. Full H&P

Ques : How would you determine from Hx if pt well?

Answ: Feeding hx.

Ques : What is workup for this pt?

Answ:FSWU

RESULTS: WNL, Meet "low-risk criteria" for Group II

Ques : What is dispo?

**Answ : Unclear, since "1 month" is vague-ie- could be "56-60 days"(Group I -ie-Admit)
"≥61 days " (Group II-ie- Discharge).**

TEACHING POINT:

**For any infant "3 months" or younger, need to count "Days of Life" to see
What group they're in to make sure they receive the correct workup & dispo.**

Answ : Baby is 29 days old

Ques : What is dispo?

**Answ : Admit with IV antibiotic (TEACHING POINT: although Group II, ↑HR abnormal
& needs re-evaluation & if persists, admit)**

LIST OF TEACHING POINTS SUGGESTED FOR REVIEW:

1. What is fever cut-off for workup?
2. What is w/u for? ie- SBI (Concept of otherwise healthy well-appearing kid & SBI)
3. The 5 Groups and relative risk of SBI + rationale for age divisions for each group
4. Any child < 3 mo, age should be in DOL, and NOT “months”
5. Count “Days of life”! ie- triage says 88 days old but really 90 (ie- No LP!), or triage says 28 days old but really 29 (ie- still FSWU, but no admission!), or vice-versa.
6. Check vitals yourself and if abnormal re-evaluate (ie-nap, antipyretics, ?fluid)
7. Features of history to pay attention to: FT or premie, any NICU stay/issues, pre-natal and perinatal h/o infections or problems, immunizations, any PMD & is reliable 24 hour followup (for younger Groups I,II, II) or 48 hour followup (for older Groups IV & V) available.
8. THE FEEDING HISTORY IS KEY! Review feeding history (In Basics syllabus)
9. Features of exam to pay attention to (ie-fontanelle, skin, perfusion, tone, etc)

**Case #2: 7 mo male with fever X 2 days. Tmax 102.6 otherwise well,
No significant PMH and completely normal H&P.**

Ques : What group is pt in? What’s the workup?

Answ: Group IV (ie- not V), because only 1 immunization

Ques : What is management?

Answ: Blood (ie- Group IV) but NOT urine (ie-low-risk for UTI by criteria).

TEACHING POINTS:

1. Group V = ≥ 6 mo + reliable followup (ie-parents +MD) + ≥ 2 immunization (ie- ALL 3 ! Otherwise, gets bumped down to Group IV).
2. When bumped down to Group IV (from Group V), that’s for blood; urine depends on if high-risk criteria for UTI present or not---- explain this idea
3. Review the “High-risk Criteria for Occult UTI”

Case #3 : 2 mo female with fever to 101. Otherwise well. Normal exam.

Ques : What's the workup?

Answ : Need to know DOL-ie-60 days: Group II (FSWU), 61 Days : Group III (PSWU)

Answ : Baby is 58 days old— nl vitals and workup result : u/a: 6wbc/hpf, WBC 4900

Ques : What is management ?

Answ: Ceftriaxone + Admit.

Case #4: 75 day old, same same vitals and normal exam as Case #2 above

Ques : What's the workup?

Answ : Group III : PSWU, no LP

Result: WBC 4900, urine negative

Ques : What is management

Answ: Ceftriaxone & Discharge

TAKE-HOME: For Group II (Case #2 above) WBC <5000 indication for admission, while for Group III (this case) WBC < 5000 indication for discharge on antibiotic.

Case#5:: 4 mo male otherwise healthy with 1 day h/o fever Tmax 101, reliable followup, normal vitals, vigorous & feeding well but just cranky and hard to console.

Ques : What Fever Group is this pt in ? What is the workup?

Answ : TRICK! By age would have been in Group IV, BUT not well (ie- fussy), so therefore not in the protocol and needs FSWU!

TEACHING POINTS:

1. Four types of fever;

This protocol for SBI is only for 1 type-ie- Otherwise healthy + well-appearing

2. Review signs of meningitis in an infant

******* END MODULE 3 (Fever) *******