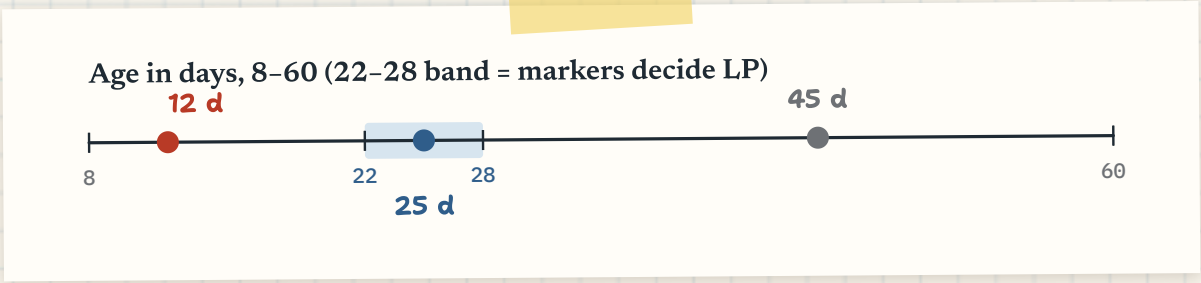
The febrile infant

AAP 2021: age sets the path, markers refine it



Step by step

1. First 28 days: ampicillin + gentamicin
2. Meningitis suspected: cefotaxime replaces gentamicin
3. Herpes concern: add acyclovir
4. No ceftriaxone in the first 28 days

ABNORMAL MARKERS

PCT > 0.5 ng/mL, ANC > 4,000/mm³, CRP > 20 mg/L

if PCT is unavailable, temperature > 38.5 °C is used as well

Age	Evaluation
8–21 days	Urinalysis, blood culture, LP; IV antibiotics; admit
22–28 days	Urinalysis, culture, markers; abnormal: LP, antibiotics, admit
29–60 days	Urinalysis, culture, markers; normal: careful outpatient follow-up; abnormal: escalate
Ill-appearing	Full sepsis evaluation, IV antibiotics, admit (any age)

8–60 days, fever ≥ 38.0 °C (well-appearing unless stated)

Rule of thumb

Age first, markers second

An abnormal marker means higher risk, whatever the baby looks like

Listeria resists cephalosporins: ampicillin stays

Exam traps

- ! A well look does not lower the risk category.
- ! A positive urinalysis is a warning of its own.
- ! Ceftriaxone displaces bilirubin: avoid it in the first 28 days.
- ! An ill-appearing infant is outside the pathway at any age.

Febrile infant: age-based risk, markers and antibiotics

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/paediatrics/febrile-infant-risk-based-assessment-aap-2021

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