Policy Number:	**5-07**	**Original Date Issued:**	**October 2001**
Section:	**Emergency Services**	**Date Reviewed:**	**October 2008**
Title:	**Caregiver Initiated Protocol: Febrile Infants**	**Date Revised:**	**October 2008**
Regulatory Agency:	**The Joint Commission**		

I. Protocol:

Care may be initiated for a patient 28 days or less of age presenting to the Emergency Department with a history of fever equal or greater then 38 degree Celsius or 100.4 Fahrenheit rectal. The Electronic Medical Record is used with these protocols for the purpose of documenting the supporting physician's order.
Protocols will not be initiated if there is parental concern or objection. Refer to policy number 4-25 Utilization of Caregiver Protocols.

II. Procedure:

A. Patients with fever are automatically classified as **"RED" (emergent).** However, patients presenting with abnormal or unstable vital signs or with altered mental status are classified as **"BLUE" (critical)** and receive immediate physician attention.

The criteria for initiating this protocol includes:
1. 28 days or less
2. Fever 38 degrees Celsius or 100.4 Fahrenheit or higher taken rectally.
3. History of fever (as above) at home with or without antipyretics.
4. Stable vital signs.
5. No respiratory distress.

B. Obtain a full set of vital signs including BP.

C. Place patient on a cardiac monitor.

D. Perform urinary catherization and obtain specimen for urinalysis and culture. Send UA and Urine Culture specimen to lab.

E. Draw and send to lab the following:
- CBC with differential
- Blood Cultures
- ** Draw and hold red and green top tube.

F. Insert INT if this can be done without difficulty while obtaining blood for labs.

G. Set up for Lumber Puncture after checking with the physician. LMX may be placed 30 minutes prior to MD procedure

H. Notify MD when patient is ready for examination.

References Cited and Consulted

Fleisher, G.R.; Ludwig, S.; Henretig, F. & Ruddy, R. M. (2005, May 1) *Textbook of Pediatric Emergency Medicine, 5th Edition.* Lippincott, Williams and Wilkins.

Source: Children's Healthcare of Atlanta.