FUS in 29-60 Day Old Infants

Shaila Siraj
PGY-1

Question #1

A previously healthy full term 6-week old male presents to the ED with 2-day history of low grade fever, dry cough and decreased oral intake.

- Vitals: Temp 38.2 C, RR 54, Pulse 160, BP 84/66
- You notice that the baby is irritable but otherwise well-appearing and in no acute distress.

Which one of the following would meet criteria for inpatient antibiotics and hospital admission in this child?

- A) Urinalysis showing 8 WBC's/hpf
- B) WBC 13,000
- C) Baby born at 38 weeks gestation
- D) Stool smear 3 WBC/hpf
- E) Maternal post-partum depression

Which one of the following would meet criteria for inpatient antibiotics and hospital admission in this child?

- A) Urinalysis showing 8 WBC's/hpf
- B) WBC 13,000
- C) Baby born at 38 weeks gestation
- D) Stool smear 3 WBC/hpf
- E) Maternal post-partum depression

Low Risk Criteria

- Clinical
  - Well appearing
  - Previously healthy***
  - No focal source of infection
- Laboratory
  - CBC: WBC 5,000-15,000 ≤1500 band cells/mm3
  - Urinalysis: ≤10 WBC/hpf and no bacteria on Gram's stain
  - Chest X-Ray negative
  - Stool smear: negative for occult blood, ≤5 WBC/hpf

Admission Criteria for Infants 29-60 days Old

- It is recommended that young infants 29 to 60 days of age with FUS be admitted to the hospital when all relevant low risk clinical and laboratory criteria are **not** met and/or social or family concerns (e.g., transportation problems, lack of resources for prompt medical follow-up) are present *(Ishimine 2007 [5b])*.

Question #2

A 5 week old male comes into the ED with 3 day history of fussiness, clear nasal congestion and in triage had a temperature of 38.9. The mother notes that he seems to be working harder to breathe, especially while feeding. He was born at 38 weeks via repeat C-section. His prenatal history was unremarkable.

Examination

- Vitals: Temp 38.9, RR 66, HR 160, BP 88/56, O2 sat 94%
- Exam reveals a well-appearing, well-nourished infant who is tachypneic with moderate clear nasal congestion and some referred upper airway sounds, otherwise unremarkable exam.

What is the next best step?

- A) Place baby on supplemental oxygen via blow-by
- B) Nebulized Albuterol Q15 min x 3
- C) Perform lumbar puncture
- D) Obtain Chest X-Ray
- E) A + D

What is the next best step?

- A) Place baby on supplemental oxygen via blow-by
- B) Nebulized Albuterol Q15 min x 3
- C) Perform lumbar puncture
- D) Obtain Chest X-Ray
- E) A + D

Recommendations

- It is recommended that a chest x-ray be performed in neonates and young infants 29 to 60 days of age who manifest one or more of the following clinical findings: tachypnea >60 breaths/min, crackles in the chest, retractions, nasal flaring, cyanosis, or oxygen saturation < 95%.

References:

- **Garra, G.: Cunningham, S.J.;and Crain,E.F.:** Reappraisal of ceriteria used to predict serious bacterial illness in febrile infants less than 8 weeks of age. *Academic Emergency Medicine,* 12(10): 921-5, 2005
- **Ishimine, P.:** The evolving approach to the young child who has fever and no obvious source. *Emergency Medicine Clinics of North America.* 24(4): 1087-115, 2007

References Continued:

- **National Collaborating Centre for Women's and Children's Health:** Feverish illness in children: assessment and initial management in children younger than 5 years. *National Institute for Health and Clinical Excellence (NICE):* London (UK) *2007*
- **Huppler, A. R.; Eickhoff, J. C.; and Wald, E. R.:** Performance of low-risk criteria in the evaluation of young infants with fever: review of the literature. *Pediatrics,* 125(2): 228-33, 2010