Exclusion Criteria: Premature Infants (generally those born 4 weeks early) (calculated from last menstrual period or date of conception) who appear toxic, have focal signs of infection or who are at high risk for serious bacterial infection due to known exposures; immune deficiencies of other factors; infants of families for whom follow-up cannot be assured.

**SUSPECTED OCCULT INFECTION IN YOUNG INFANTS (Rule Out Sepsis)**

**PHASE 1: ADMIT/INITIATE TREATMENT**

<table>
<thead>
<tr>
<th>DATE: / / TIME:__ :__</th>
</tr>
</thead>
</table>

**PHASE 2: TREATMENT UNTIL CULTURES NEGATIVE 36-48 HOURS**

<table>
<thead>
<tr>
<th>DATE: / / TIME:__ :__</th>
</tr>
</thead>
</table>

**PHASE 3: DISCHARGE**

<table>
<thead>
<tr>
<th>DATE: / / TIME:__ :__</th>
</tr>
</thead>
</table>

**CRITERIA FOR DIAGNOSIS**

- Infants 0-2 months PLUS any of the following:
  - fever or persistent hypothermia
  - poor feeding
  - lethargy
  - irritability
  - no focal source of infection

- □ Cultures initiated in the Emergency Department
- □ Treatment initiated in the Emergency Department

**ASSESSMENT**

- ROUTINE VS including BP
- ACCURATE I/O
- DAILY weight
- EXPECTED discharge date: ____________
- ORIGINAL cultures (date and time):

<table>
<thead>
<tr>
<th>DATE: / / TIME:__ :__</th>
</tr>
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</table>

**LAB**

- □ CHECK (blood, urine and CSF) cultures at 24 and 36 hours. Routine Gentamicin levels if duration of therapy (>48-72 hrs)

**TESTS/Others**

**NUTRITION MANAGEMENT**

- BREAST/bottle feed ad lib
- IV fluids at maintenance if not taking adequate oral feeds
- IV FLUIDS: ____________
- IV fluids to 5 cc/hr if po intake adequate, voiding
- OR
- HEPARIN lock IV between medications with good po intake

- □ CHECK (blood, urine and CSF) cultures at 36 hours.
- □ CHECK (blood, urine and CSF) cultures at 48 hours.

- D/C IV

**ADEQUATE** po intake to maintain adequate nutrition/hydration.

**Children's Hospital & Regional Medical Center**

**SUSPECTED OCCULT INFECTION IN YOUNG INFANTS (Rule Out Sepsis): CLINICAL PATH**

Page 1 of 3
## SUSPECTED OCCULT INFECTION IN YOUNG INFANTS (Rule Out Sepsis)

### PHASE 1: ADMIT/INITIATE TREATMENT

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>CONSULTS</th>
<th>DISCHARGE PLANNING</th>
</tr>
</thead>
</table>
| Neonates w/o suspicion of meningitis:  
  \< 7 days old Ampicillin and Gentamicin  
  \> 7 days old Ampicillin and Gentamicin  
  TERM INFANTS \> 30 days of age w/o suspicion of meningitis:  
  Ceftriaxone | SOCIAL services/interpreter as needed  
  LACTATION consultant as needed | PRIMARY PCP called  
  INITIATE discussion re: tests, diagnosis, LOS with parents  
  SUPPORT needs of new parents |

### PHASE 2: TREATMENT UNTIL CULTURES NEGATIVE 36-48 HOURS

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  PHN referral if indicated | PCP involved  
  PHN referral if indicated |

### PHASE 3: DISCHARGE

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<tr>
<th>MEDICATIONS</th>
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- **ALLERGIES:**
  - Neonates w/o suspicion of meningitis:  
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  - TERM INFANTS > 30 days of age w/o suspicion of meningitis:  
    - Ceftriaxone

- **CONSULTS:**
  - SOCIAL services/interpreter as needed  
  - LACTATION consultant as needed

- **DISCHARGE PLANNING:**
  - PRIMARY PCP called  
  - INITIATE discussion re: tests, diagnosis, LOS with parents  
  - SUPPORT needs of new parents  
  - PCP involved  
  - PHN referral if indicated  
  - EDUCATE how to assess temperature, hydration status and lethargy or irritability. Call PCP with symptoms or questions  
  - ARRANGE follow-up with PCP
SUSPECTED OCCULT INFECTION IN YOUNG INFANTS (Rule Out Sepsis)

CLINICAL PATH INDICATORS & VARIANCE TRACKING

<table>
<thead>
<tr>
<th>PHASE</th>
<th>INDICATORS</th>
<th>VARIANCE / REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td>§ Blood, urine and CSF Cultures initiated in the Emergency Department.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Antibiotic therapy initiated in ED.</td>
<td></td>
</tr>
<tr>
<td>TWO</td>
<td>§ Check blood, urine and CSF cultures at 24 and 36 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Antibiotic therapy tailored to infant’s age and suspected diagnosis.</td>
<td></td>
</tr>
<tr>
<td>THREE</td>
<td>§ Discharge at 36 hours if criteria met.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Discharge at 48 hours if criteria met.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Check cultures at 36 hours.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Check cultures at 48 hours (if still inpatient).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>§ Education completed.</td>
<td></td>
</tr>
</tbody>
</table>

VARIANCE CODES AND REASONS

<table>
<thead>
<tr>
<th>CODE</th>
<th>REASON</th>
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<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>Patient/Family decision</td>
<td>311</td>
<td>Clinician not available - PT/OT response delay</td>
</tr>
<tr>
<td>120</td>
<td>Patient not cooperative.</td>
<td>312</td>
<td>Clinician not available - Social work response delay</td>
</tr>
<tr>
<td>130</td>
<td>Family not available</td>
<td>313</td>
<td>Clinician not available - RT response delay</td>
</tr>
<tr>
<td>210</td>
<td>No response to standard treatment</td>
<td>314</td>
<td>Clinician not available - Other</td>
</tr>
<tr>
<td>220</td>
<td>Post-Operative Infection</td>
<td>320</td>
<td>Inadequate discharge planning</td>
</tr>
<tr>
<td>230</td>
<td>Post-Operative Hemorrhage</td>
<td>330</td>
<td>MD ordered, no reason documented</td>
</tr>
<tr>
<td>240</td>
<td>Post-Operative Pulmonary complication</td>
<td>340</td>
<td>MD ordered, no reason documented</td>
</tr>
<tr>
<td>250</td>
<td>Other Post-Op complication</td>
<td>341</td>
<td>Internal delay - Lab response delay</td>
</tr>
<tr>
<td>260</td>
<td>Medication intolerance</td>
<td>342</td>
<td>Internal delay - Pharmacy response delay</td>
</tr>
<tr>
<td>271</td>
<td>Complicated course - Pre-existing co-morbid medical condition</td>
<td>343</td>
<td>Internal delay - Consultation ordered, but did not occur</td>
</tr>
<tr>
<td>272</td>
<td>Complicated course - Other new onset medical complication</td>
<td>344</td>
<td>Internal delay - MD rounds too late to permit same day discharge</td>
</tr>
<tr>
<td>273</td>
<td>Complicated course - Other</td>
<td>345</td>
<td>Internal delay - Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>410</td>
<td>External care provider delay</td>
</tr>
</tbody>
</table>

(pataddressograph)

PATIENT NAME:
MR#:
BIRTH DATE:

SUSPECTED OCCULT INFECTION IN
YOUNG INFANTS (Rule Out Sepsis): CLINICAL PATH
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