

BACKGROUND

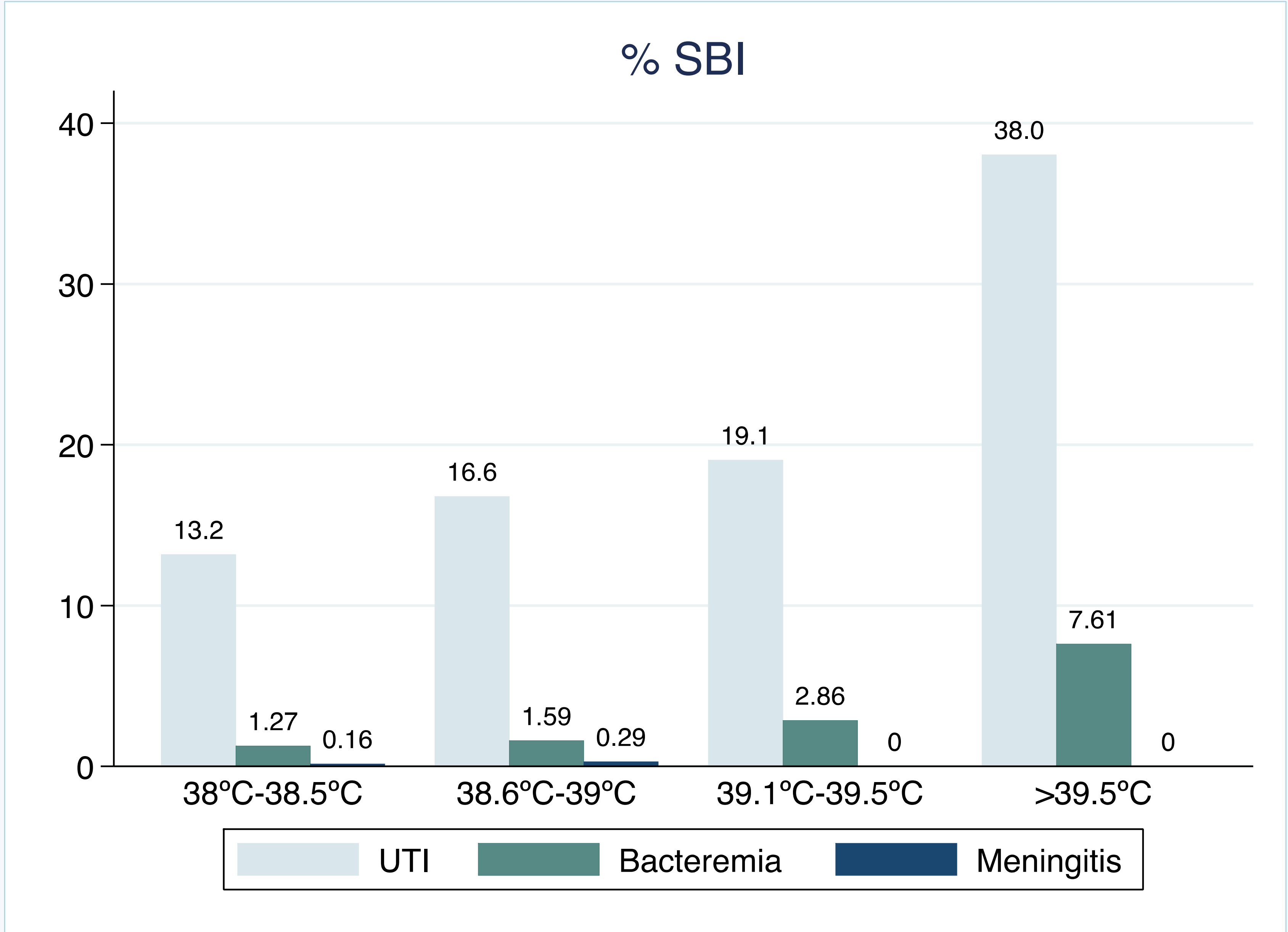
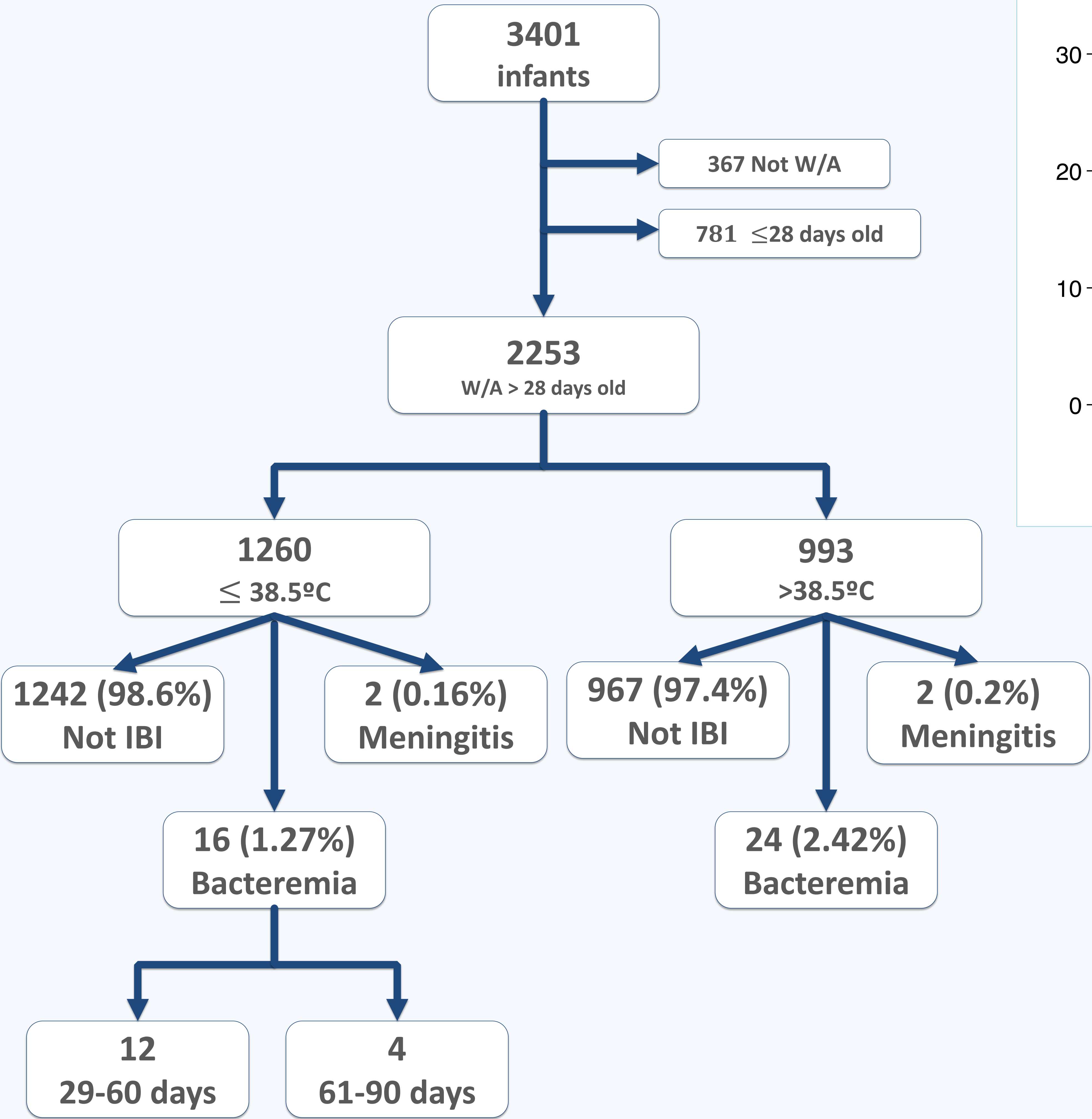
Infants ≤90 days old with fever without source (FWS) are in a higher risk of having an invasive bacterial infection (IBI) and a more aggressive management is usually recommended for this population. Few is known about the value of the fever degree for predicting the risk of IBI. Although most of the guidelines do not recommend modifying the management of these patients according to the fever degree, some authors recommend a different approach in well-appearing infant >28 days old depending on the maximum temperature detected.

OBJECTIVE

Our objective was to analyze the value of temperature for predicting an IBI or and herpes infection in well-appearing infants 29-90 days old with FWS.

METHODS

- Subanalysis of a prospective multicenter study.
- Carried out in 19 hospitals included in the Spanish Pediatric Emergency Research Group (RISeuP-SPERG) between October-2011 and September-2013.
- Including febrile infants ≤90 days old.
- Axillary or rectal temperature ≥38°C at home or in the emergency department was considered fever.
- An IBI was diagnosed when a single pathogen was isolated in blood or cerebrospinal fluid (CSF).



CONCLUSIONS

Considering the prevalence of invasive bacterial infections in patients with lowest temperatures, management of febrile infants under 90 days old should be the same, no matter the higher temperature reached.