

## What to Do When an Infant Presents in the First Month of Life Afebrile but with a History of Fever at Home

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Evaluating an infant with a temperature  $\geq 38\text{C}$  with a full sepsis evaluation is considered the standard of care now just as it has been for decades before various vaccines have been introduced. But as easy as it is to move forward with such an evaluation in an infant who presents febrile in the first month of life, what do you do when the infant is afebrile and well appearing in your office or emergency department and yet the parents tell you there was a fever at home? Are there differences in the rates of serious or invasive bacterial infections in children who are or are not febrile at presentation? To answer that question, Ramgopal et al. ([10.1542/peds.2018-3964](#)) decided to see if there were differences in the rates of serious bacterial infection and invasive bacterial infection in neonates febrile at presentation (FP), afebrile neonates with history of fever without subsequent fever during hospitalization (ANF), or afebrile and then subsequently developed fever during a hospitalization (ASF). In all cases all 931 infants, in this single center retrospective study covering 2006-2017, got a full sepsis evaluation. The results of their retrospective analysis show that the lowest rate of serious or invasive infection occurs in the ANF group compared to the FP group, and those who are ASF have a higher rate compared to the same FP group. To understand just what infections these infants had, when they developed their fevers if they were going to, and lots of other take-homes from this interesting study, take the temperature of the findings in this study, and see if it will change whether you decide to discharge ANF infants sooner than FP or ASF babies. Are you already using the absence of fever on admission when there was a history of fever unobserved in a medical setting as an indicator for early discharge or perhaps even not doing the full sepsis evaluation? We would love to hear what you do---so share your thoughts on this study relative to your own practice by commenting on this blog, or better yet post a comment with the article itself or on our Facebook, Instagram, or Twitter sites.

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