

**NEONATE < 21 DAYS WITH FEVER CHART REVIEW TEMPLATE (03-25-25)**

HOSP. CODE/VISIT DATE: _____ PT AGE/SEX: _____ MR #: _____ MD REVIEWER: _____

INCLUSIONS: (Both necessary)____ 1) Neonate, less than **21** days with a history of fever of 100.4C at home or on presentation to the ED.____ 2) Rectal temp documented $\geq 100.4^{\circ}\text{F}$ or $\geq 38^{\circ}\text{C}$.**EXCLUSIONS:** (Check "exclusion", but complete the review)

____ Temperature taken by means other than rectal: ____ ED ____ Home

1) TRIAGE/HISTORY:Points

Triage category urgent or emergent.

1b) Triage time to physician < one hour.1c) Respiratory rate recorded.1d) Heart rate recorded.1e) Temperature recorded.1f) Weight Kg recorded.1g) Past medical history obtained including birth history1h) Obtained maternal history of absence or presence of prenatal care**2) PHYSICAL EXAM:**2a) Work of breathing assessed.____ Normal ____ Retractions ____ Stridor
____ Noisy breathing ____ Nasal flaring
____ Other: _____
(credit for any of the above)2b) Circulation assessed.____ Skin color ____ Quality of pulses
____ Cap refill ____ Blood pressure
(credit for any two)2c) Mental status assessed.____ Alert ____ Crying ____ Lethargic
____ Irritable ____ Other: _____
(credit for any above)2d) (NO) Focus of infection documented____ No focus on infection.
____ Source of fever: _____ (credit for either)**3) DIAGNOSTIC TESTS:**Points3a) Blood culture obtained.3b) Urine culture obtained by:
____ Catheter (no credit for bag U/A)3c) CSF studies obtained3d) UA results documented3e) WBC results documented**4) DISPOSITION:**4a) Admitted to inpatient service or transferred to a higher-level pediatric care facility.4b) Antibiotics given in the

ED:

____ Ampicillin ____ Gentamycin
____ Ceftazidime
____ Other: _____

(Ampicillin plus either Gentamycin or Ceftazidime gives full credit).