Recommendations for the Use of Empiric Acyclovir in Febrile/Hypothermic Infants Younger than 90 Days

Is the Infant <42 days with hypothermia (≤36) or fever (≥38)?

Yes

Does the infant exhibit any of the following?
• Vesicular skin lesions
• CSF abnormalities:
  • Elevated WBC (>18 in infants 0-28 days; >9 in infants older than 29 days)
• Seizures
• Septic appearance
• Elevated transaminases (>2 times the upper limit of normal).

Yes

Obtain ALL of the following:
• HSV blood PCR (gold top tube)
• HSV CSF PCR
• HSV PCR of skin lesions (if present)
• HSV PCR of surface sites, including oropharyngeal, conjunctival, periumbilical and perirectal (one white swab for all)
• Serum ALT

No

Infants >42 days of life or those without temperature instability should not be empirically treated per this guideline. Other sources for symptoms should be evaluated. Consult ID to discuss indication if acyclovir is felt to be warranted.

No

Do not initiate workup for HSV. Consider other causes for fever.

Initiate empiric treatment with IV Acyclovir 20mg/kg/dose every 8 hours.
Discontinue acyclovir as soon as PCR testing returns negative
If testing is positive, consult the Pediatric Infectious Disease team for recommendations for length of treatment and to ensure outpatient follow-up.


Disclaimer: The following information is intended as a guideline for the use of empiric acyclovir in infants. Management of your patient may require a more individualized approach.