

Priority Topic: FEVER

Key Features:

1. In **febrile infants** 0-3 months old:

- a) Recognize the risk of **occult bacteremia**.
- b) **Investigate thoroughly** (e.g., blood cultures, urine, lumbar puncture +/- chest X-ray).

What you should study:

✓ **Management of Infants at Risk for Sepsis CPS Statement 2017**

This statement discusses neonatal early onset sepsis but many points apply to late onset sepsis also. Know risk factors, investigations, and interpretation of results.

✓ **Peds Cases Podcast 2017 CPS Position Statement on Early Sepsis**

2. In a febrile patient with a viral infection, **do NOT prescribe antibiotics**.

What you should study: See Priority Topic Upper Respiratory Tract Infection

✓ **Antibiotic use in URTI AAFP 2012**

✓ **Appropriate Antibiotic Use for Acute Respiratory Infection in Adults AIM 2016**

3. In a febrile patient **requiring antibiotic therapy**, prescribe the **appropriate antibiotic(s)** according to likely **causative organism(s)** and local resistance patterns.

This is a massive and vague Key Feature. See also Priority Topics: Antibiotics and Infections as well as the topics on specific infections. In general, you these are two great sources of information for ID:

- INESSS antibiotic guidelines
- IDSA Guidelines

4. Investigate patients with **fever of unknown origin** appropriately (e.g., with blood cultures, echocardiography, bone scans).

What you should study:

- ✓ **Interactive page from NEJM**
- ✓ **FUO in Adults AAFP 2014**
- ✓ **Pyrexia of Unknown Origin RCP 2018**
- ✓ **Episode 48: Pediatric Fever without a Source**

5. In febrile patients, **consider life-threatening infectious causes** (e.g., endocarditis, meningitis).

Develop a good Ddx of fever including dangerous infectious causes

6. **Aggressively and immediately** treat patients who have fever resulting from serious causes before confirming the diagnosis, whether these are **infectious** (e.g., febrile neutropenia, septic shock, meningitis) or **non-infectious** (e.g., heat stroke, drug reaction, malignant neuroleptic syndrome).
7. In the febrile patient, consider **causes of hyperthermia other than infection** (e.g., heat stroke, drug reaction, malignant neuroleptic syndrome).

What you should study:

- ✓ **Febrile Neutropenia for patients JAMA 2017**
- ✓ **BCCA Febrile Neutropenia Guidelines 2015**
- ✓ **Early Recognition and Management of Sepsis AAFP 2013**
- ✓ **Aseptic and Bacterial Meningitis AAFP 2013**
- ✓ **Heat-Related Illness AAFP 2011**
- ✓ **Drug Induced Hyperthermia 2013**
- ✓ **Critical Care Medicine McGill**
- ✓ **Neuroleptic Malignant Syndrome 2017**

8. In an elderly patient, be aware that no good correlation exists between the presence or absence of fever and the presence or absence of serious pathology.

In other words: absence of fever does not mean absence of serious pathology. And presence of fever is not always dangerous. Couldn't find an article for this.