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
- FOU 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.