

Sign up for **Insight Alerts** highlighting editor-chosen studies with the greatest impact on clinical care.

 **Video Abstracts** -- brief videos summarizing key findings of new articles

 **Happy 70th Birthday, Pediatrics!** See top articles through the decades.

Watch the **Features Video** to learn more about *Pediatrics*.

Confidently manage
behavioral and mental health issues
with **new AAP resources!**



Advertising Disclaimer »

[Tools and Links](#)

[Pediatrics](#)
November 2018
[Article](#)

Risk Stratification of Febrile Infants ≤ 60 Days Old Without Routine Lumbar Puncture

Paul L. Aronson, Marie E. Wang, Eugene D. Shapiro, Samir S. Shah, Adrienne G. DePorre, Russell J. McCulloh, Christopher M. Pruitt, Sanyukta Desai, Lise E. Nigrovic, Richard D. Marble, Rianna C. Leazer, Sahar N. Rooholamini, Laura F. Sartori, Fran Balamuth, Christopher Woll, Mark I. Neuman, for the Febrile Young Infant Research Collaborative

Article

Figures & Data

Info & Metrics

Comments

[Download PDF](#)

Abstract

PEDS-VA_2018-1879

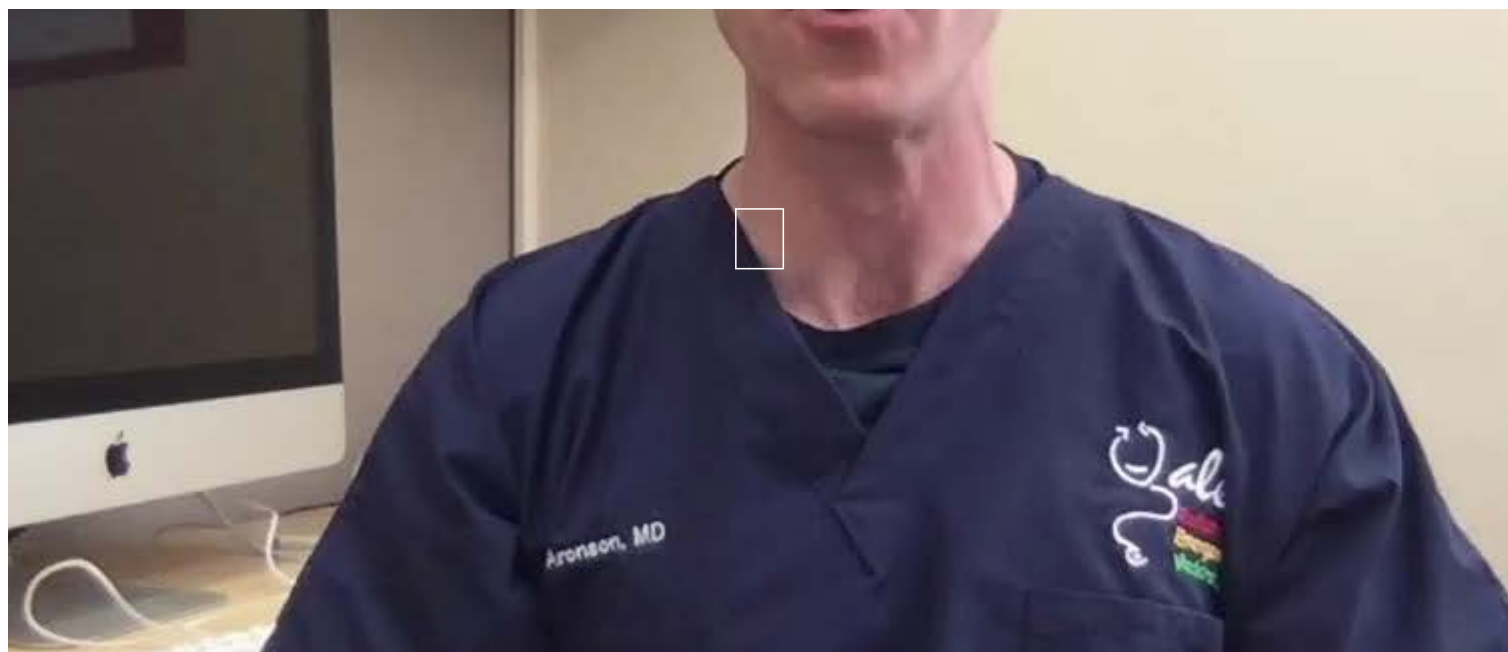
[Share](#)

Thank you for accepting cookies

You can now hide this message or find out more about cookies.

Hide

More info



Video Abstract

OBJECTIVES: To evaluate the Rochester and modified Philadelphia criteria for the risk stratification of febrile infants with invasive bacterial infection (IBI) who do not appear ill without routine cerebrospinal fluid (CSF) testing.

METHODS: We performed a case-control study of febrile infants ≤ 60 days old presenting to 1 of 9 emergency departments from 2011 to 2016. For each infant with IBI (defined as a blood [bacteremia] and/or CSF [bacterial meningitis] culture with growth of a pathogen), controls without IBI were matched by site and date of visit. Infants were excluded if they appeared ill or had a complex chronic condition or if data for any component of the Rochester or modified Philadelphia criteria were missing.

RESULTS: Overall, 135 infants with IBI (118 [87.4%] with bacteremia without meningitis and 17 [12.6%] with bacterial meningitis) and 249 controls were included. The sensitivity of the modified Philadelphia criteria was higher than that of the Rochester criteria (91.9% vs 81.5%; $P = .01$), but the specificity was lower (34.5% vs 59.8%; $P < .001$). Among 67 infants >28 days old with IBI, the sensitivity of both criteria was 83.6%; none of the 11 low-risk infants had bacterial meningitis. Of 68 infants ≤ 28 days old with IBI, 14 (20.6%) were low risk per the Rochester criteria, and 2 had meningitis.

CONCLUSIONS: The modified Philadelphia criteria had high sensitivity for IBI without routine CSF testing, and all infants >28 days old with bacterial meningitis were classified as high risk. Because some infants with bacteremia were classified as low risk, infants discharged from the emergency department without CSF testing require close follow-up.

Accepted September 12, 2018.

- Copyright © 2018 by the American Academy of Pediatrics

[View Full Text](#)

Log in using your username and password

[Forgot your user name or password?](#)

Log in through your institution

You may be able to gain access using your login credentials for your institution. Contact your library if you do not have a username and password.

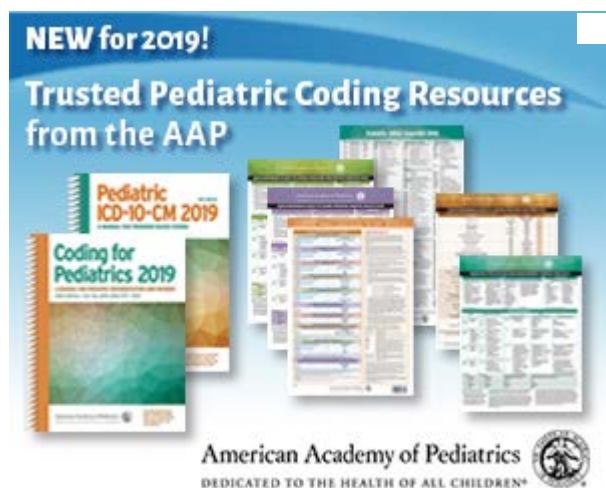
[Pay Per Article](#) - You may access this article (from the computer you are currently using) for 2 days for US\$25.00

[Regain Access](#) - You can regain access to a recent Pay per Article purchase if your access period has not yet expired.

[Offer Reprints](#)

Previous

Next



[Advertising Disclaimer »](#)

 View this article with **LENS**

Previous

Next

Email

Permissions

Alerts

- Citation Tools
- Share
- Print
- PDF
- Insight Alerts

[Current Policy](#)

[Early Release](#)

[Current Issue](#)

[Past Issues](#)

[Editorial Board](#)

[Editorial Policies](#)

[Overview](#)

[Features Video](#)

[Open Access](#)

[Pediatric Collections](#)

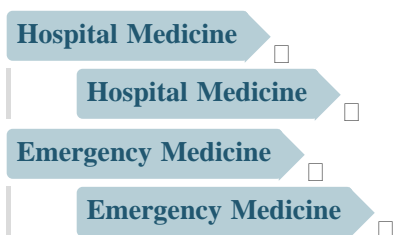
[Video Abstracts](#)

[Author Guidelines](#)

[Reviewer Guidelines](#)

[Submit My Manuscript](#)

Subjects



Related Articles

- [Febrile Infants Less Than Two Months of Age: Do They All Need a Lumbar Puncture?](#)
Lewis First et al., AAP News
- [Should We Evaluate Febrile Young Infants Step-by-Step in the Emergency Department?](#)
Paul L. Aronson et al., Pediatrics

3. [Is It Time to Stop Classifying Febrile Infants With Positive Urinalyses as High-Risk for Meningitis?](#)
Adam K. Berkwitz et al., Hosp Pediatr
4. [Serious Bacterial Infections in Febrile Infants 1 to 90 Days Old With and Without Viral Infections](#)
Carrie L. Byington et al., Pediatrics
5. [Omission of Lumbar Puncture From Evaluation of Source of Fever in Young Infants](#)
M. Douglas Baker, Pediatrics

1. [Step-by-Step Approach Valid for Febrile Infants](#)
PracticeUpdate
2. [Outpatient management of selected young febrile infants without antibiotics](#)
Santiago Mintegi et al., Arch Dis Child
3. [Bacterial Meningitis in Young Infants With Fever](#)
PracticeUpdate
4. [Clinical Guidelines Help Identify Which Children At Risk Of Bacterial Meningitis](#)
JAMA and Archives Journals, ScienceDaily
5. [An atypical form of infantile meningococcal meningitis](#)
Christelle Xian-Ting Tan et al., BMJ Case Rep

Powered by

- [Privacy policy](#)
- [Google Analytics settings](#)

I consent to the use of Google Analytics and related cookies across the TrendMD network (widget, website, blog). [Learn more](#)

[Back to top](#)



Copyright © 2018 by American Academy of Pediatrics

[International Access](#) »

Terms of Use

The American Academy of Pediatrics (AAP) takes the issue of privacy very seriously. See our **Privacy Statement** for information about how AAP collects, uses, safeguards and discloses the information collected on our Website from visitors and by means of technology.

FAQ

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®