“My Patient Has a Fever… Now What Do I Do?”

1) Perform a targeted history and exam to identify potential sites of infection

- Examine central lines, urinary catheter, drains for erythema, pus
- Intubated patients: assess for change in amount / quality of secretions, or worsening oxygenation
- Abdominal exam for focal tenderness or rigidity (pancreatitis, acalculous cholecystitis.)
- Assess surgical sites for purulence or erythema
- Assess for recent diarrhea
- Review medication list for sources of drug fever (e.g., antibiotics, anti-seizure meds)

2) Start work-up for infection:

- Blood cultures x 2 (peripheral and central)
- Chest radiograph
- Endotracheal aspirate if chest radiograph and clinical data suggestive of pneumonia
- Urinalysis with reflexive culture
- Consider liver panel (cholecystitis, drug reaction) and lipase (pancreatitis)
- If diarrhea, send stool for C. Diff PCR if patient has not recently received laxatives
- **Call for Help!**
  - If specific procedures indicated (paracentesis, thoracentesis)
  - CT scan necessary for further evaluation as this will mandate patient transport and create infection control issues.

3) Evaluate need for antibiotics:

Start broad spectrum **empiric** antibiotics if: hemodynamic instability, high clinical suspicion and no clear source: Cefepime and vancomycin

Start **targeted** antibiotics if a likely source is identified.

- HAP/VAP: vancomycin + either piperacillin/tazobactam, cefepime or meropenem. If recent MRSA swab negative, may hold vancomycin unless severely ill
- Central line: vancomycin + cefepime
- Intra-abdominal: piperacillin/tazobactam
- Catheter associated UTI: ceftazidime, change the catheter
- C-difficile: oral vancomycin. Add intravenous metronidazole for severe disease

If patient is already on antibiotics, **Call for Help!** with antibiotic selection.

4) Evaluate for non-infectious etiologies of fever:

Drug fever: rash, peripheral eosinophilia
Transfusion-related (can check a direct antiglobulin test)
Venous thromboembolism

5) Treat the fever

Acetaminophen 1000mg every six hours unless liver dysfunction. Avoid non-steroidals which may worsen COVID-19 and may contribute to worsening kidney injury.