Empiric Treatment of Suspected Infection in a Previously Healthy Neonatal/Pediatric Patient with Acute Liver Failure Applies to patients without pre-existing liver disease upon initial assessment/hospitalization Pediatric Hepatology service should be consulted if not already aware of patient Age > 28 days old? -YES -NO (Neonate)-**Pediatric Evaluation:** Neonatal Evaluation (ID Consult Recommended): Obtain cultures before antibiotics when Obtain cultures before antibiotics when possible possible *For both patient types, the Physical examination Physical examination recommended workup here focuses Blood culture - all CVC lumens + peripheral Blood culture - all CVC lumens + peripheral U/A + culture on etiologies of infection that may be U/A with reflex to culture treated empirically Rapid HSV DNA PCR of blood Herpes simplex virus (HSV) evaluation: Refer to "Pediatric Liver Transplant LP if not contraindicated - send CSF cell count, glucose, If respiratory signs/symptoms: Evaluation" in Liver Transplant Manual protein, culture, HSV PCR Endotracheal aspirate if intubated HSV serum PCR for additional evaluation to determine Chest X-ray etiology of liver failure, including other HSV PCR from surface swabs - eyes, nose, mouth, rectum Rapid RSV + Flu PCR in fall/winter viral testing, and pre-transplant HSV PCR from vesicular skin lesions infectious evaluation Other evaluation determined by suspected If respiratory signs/symptoms: foci of infection* Endotracheal aspirate if intubated Chest X-ray Rapid RSV + Flu PCR in fall/winter Other evaluation determined by suspected foci of infection* Start Ceftriaxone* Empiric treatment at this stage should focus on community-onset ADD Vancomycin if hemodynamically infections unstable or with suspected focus of Start Ampicillin + Cefotaxime* + Acyclovir Staphylocococcus aureus infection *Consult ID or Antimicrobial ADD Oseltamivir if influenza-like illness Stewardship Program for ADD Oseltamivir if influenza-like illness suspected during influenza season recommendation if patient has suspected during influenza season continue until influenza is excluded history of severe beta lactam allergy continue until influenza is excluded Use Neonatal Dosing Guideline If a source is apparent on initial CONSIDER Acyclovir pending HSV PCR evaluation, modify therapy result for patients with preceding fevers or accordingly: Ceftazidime may be used in severe clinical illness Follow Pediatric Guidelines at place of Cefotaxime if idmp.ucsf.edu Cefotaxime is not available Use Pediatric Dosing Guideline ID consult recommended ID consult recommended to guide further Repeat cultures before neonatal management Stable/Improving modifying therapy NC at 48 hours*? Switch to algorithm for *For unexplained deterioriation "Hospital-Onset Infection" on initial therapy before 48 YĖS hours, modification of therapy may be indicated - ID consult is recommended Infectious source Stop antibiotics NC identified? These are guidelines only and cannot be applied to every situation. They reflect consensus of the UCSF Pediatric Liver YĖS Transplant Program and Pediatric Antimicrobial Stewardship Program based on available evidence. Target antibiotics to identified source - follow UCSF Pharmacy & Therapeutics Committee Approved

Pediatric Guidelines at idmp.ucsf.edu 08/31/2018; Content Owner: Rachel Wattier, MD, MHS, Pediatric Antimicrobial Stewardship Program