Fever in SCU

≥ 38.5

History and physical

(Examine all wounds and drains)

Is the patient septic?

- qSOFA: RR>20; SBP <100; AMS
- Consider HR, WBC, other clinical assessment

Yes

Sepsis pathway

1. Start Broad Spectrum Abx within 1 hr
2. Consider Source Control
3. Blood Cultures (try to send before abx)
4. Consider algorithm below

Concern for elevated ICP?

Yes

Head Injury pathway

1. Fever threshold lowered to 38.0
2. Consider algorithm below rule out infection
3. Antipyretics
4. Consider cooling measures

Common causes of drug fever:

- Antiepileptics: Carbamazepine; phenytoin; phenobarbital; primidone
- Antimicrobials: beta-lactams, sulfonamides, nitrofurantoin, minocycline
- Allopurinol; Heparin

Drug related causes of fever:

- Neuroleptic malignant syndrome
- Malignant hyperthermia
- Serotonin syndrome: L-tryptophan, lithium,L-dopa, dextromethorphan, tramadol, meperidine, and the MAOs

What is your clinical suspicion?

Cytokine release is a common non-infectious source of fever 24 hours after trauma/surgery

Urinary Etiology:

- Frequency, dysuria, AMS
- Hx obstruction

Rare in trauma population; obtain in intubated patients only if no other sources of infection

Urine Analysis

Neg

No Urine Culture

Pyuria

Urine Culture
1.) Change foley if in >48 hours prior to Ucx
2.) Blood Cultures

Pulmonary Etiology:

- Change in oxygenation requirement?
- New CXR infiltrate?
- Leukocytosis?
- Worsening Secretions?

Consider the above factors and if clinical suspicion remains

1. **BAL, Mini BAL or Sputum**
2. **Blood Cultures**

Central Line Infection:

- Erythema
- Purulence

Peripheral Blood Cultures x2
+
Line holiday if able

Remove Line and replace at new site (if able)

Other Infectious Sources:

Abdominal source
Acalculous cholecystitis
Clostridium difficile
Endocarditis
Epidural abscess
Fungal infections
Meningitis
NSTI
Sinusitis
Viral infection
Wound Infection

Identify and treat underlying cause

Consider Blood cultures

Non-Infectious Sources:

Acalculous cholecystitis
Acute Myocardial Infarction
Alcohol/drug withdrawal
Adrenal Insufficiency
Blood product transfusion
Burn
Cytokine-related fever
Dressler Syndrome
(Pericardial injury)
Drug fever (see upper-left)
Fat emboli
Fibroproliferative phase
ARDS
Gout
GI bleed
Hematoma
Heterotopic ossification
Immune reconstitution
inflammatory syndrome
Intracranial bleed
Jarish-Herxheimer reaction
Pancreatitis
Pulmonary Infarct
Pneumonitis
Thyroid Storm
Transplant Rejection
Tumor lysis syndrome
Venous thromboembolism
Vasculitis

Start Empiric Antibiotics

F/u cultures and consider q48hrs repeat blood cx:

- **PNA; BCx:** $<10^{4}$: d/c antibiotics; $>10^{4}$ narrow as able
- **Urine Cx:** $<10^{3}$: d/c antibiotics; $>10^{3}$ narrow as able