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

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

No Urine Culture

Neg

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

Start Empiric Antibiotics

Central Line Infection:
- Erythema
- Purulence

Peripheral Blood Cultures x2 + Line holiday if able

Other Infectious Sources:
- Abdominal source
- Acute Myocardial Infarction
- 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
- 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

PNA; BCx: <10^4: d/c antibiotics; >10^4 narrow as able

Urine Cx: <10^5: d/c antibiotics; >10^3 narrow as able

F/u cultures and consider q48hrs repeat blood cx: