Management of Fever in Infants and Children

1. Most researchers define fever in infants younger than two months of age as body temperature greater than or equal to:
   a. 38°C
   b. 38.2°C
   c. 98.6°F
   d. None of the above

2. Infants with significant fever who are subsequently proven to have bacterial disease will most frequently be infected in the:
   a. CSF
   b. Blood
   c. Stool
   d. Urine

3. At present, generally recommended management of the infant less than 28 days of age with significant fever includes:
   a. Culture of blood
   b. Culture of CSF, cell count, gram stain
   c. Culture of urine
   d. Admission and IV antibiotics
   e. All of the above

4. The bacteria most frequently isolated from blood specimens obtained from febrile children aged two-36 months with fever in the ED greater than 39.5°C is:
   a. Hemophilus influenzae type B
   b. Meningococcus
   c. Group A. and B. Streptococcus
   d. Pneumococcus

5. Risk factors for an increased likelihood of UTI in young febrile children include:
   a. Female
   b. Uncircumcised
   c. Fever greater than 39°C
   d. No obvious fever source on physical exam
   e. All of the above
6. So-called “occult” bacteremia describes a group of well appearing febrile children subsequently found to have unsuspected bacteremia, usually caused by pneumococcus. Which of the following statements about occult bacteremia is false?

a. In the majority of children with occult bacteremia, the bacteremia resolves spontaneously and there are no sequelae.
b. Occult bacteremia caused by meningococcus can progress to more invasive disease, including meningitis.
c. In general, higher peripheral WBC is reflective of increased prevalence of bacteremia.
d. Widespread use of the heptavalent pneumococcus vaccine will likely have no impact on the prevalence of occult bacteremia.

7. Use of empiric antibiotics in febrile children subsequently found to have bacteremia has been found to definitively reduce risk of invasive sequelae, such as meningitis:

a. True
b. False
c. Seems to depend upon which study you read.

8. Overuse of antibiotics in viral illnesses, such as URI’s in bronchiolitis, is a major contributor to the development of multiple drug-resistant strains of bacteria:

a. True
b. False

c. Seems to depend upon which study you read.

9. Which of the following statements regarding the heptavalent pneumococcal vaccine is true?

a. The vaccine is routinely recommended only for patients with immune deficiency, sickle cell disease, asplenia and malignancy.
b. The current vaccine offers > 75% protection against pneumococcal illness in US children.
c. Since < 5% of pneumococcal isolates are resistant to penicillin, widespread vaccination of infants is not an urgent public health priority.

d. Widespread use of the heptavalent pneumococcus vaccine will likely have no impact on the prevalence of occult bacteremia.

d. Occult bacteremia caused by meningococcus can progress to more invasive disease, including meningitis.

d. In general, higher peripheral WBC is reflective of increased prevalence of bacteremia.

d. Widespread use of the heptavalent pneumococcus vaccine will likely have no impact on the prevalence of occult bacteremia.

10. Educating parents about fever should include the following:

a. Fever is a normal response.
b. Fever is a symptom, not a disease.
c. Assume a calm approach to fever
d. Fever is often a useful body defense.
e. Fever need not always be treated.
f. Clinical appearance is usually more important than the height of the fever.
g. All of the above.