Suggested Care Guidelines for HSV in ≤ 42 Days

### ≤ 28 d
- **Fever without risk factors**
  - CBC with diff
  - Blood cultures
  - Straight cath urine and culture
  - ALT
  - Glucose
  - Lumbar puncture:
    - Cell count
    - Glucose and protein
    - CSF Culture and Gram stain
  - Consider enteroviral CSF PCR testing

### 29-42 d
- **Risk Factors** with or without Fever
  - CBC with diff
  - Blood cultures
  - Straight cath urine and culture
  - ALT
  - Glucose
  - Lumbar puncture:
    - Cell count
    - Glucose and protein
    - CSF Culture and Gram stain
  - Consider enteroviral CSF PCR testing

### Fever without risk factors
- Follow ≤ 28 d pathway OR focused infection evaluation (provider choice)

### HSV RISK FACTORS (one or more)
- Hypothermia
- More ill than expected
- Skin vesicles
- Mucus membrane vesicles or ulcers
- Seizures
- Maternal fever from 48 h before to 48 h after delivery
- Maternal genital HSV lesions from 48 h before to 48 h after delivery

### ALT
- CMP may replace ALT if additional chemistries are indicated.

### Lumbar Puncture
- If CSF sample inadequate and/or uninterpretable for cell counts and pleocytosis cannot be determined, discuss need for HSV PCR and need for Acyclovir with the ID Consult Service and inpatient team.
- Collect 1 ml or 4th tube for viral testing if indicated.

### Enteroviral CSF PCR Testing
- During April through November (enteroviral season)
- HSV SURFACE CULTURES/PCR
  - One Dacron swab from conjunctiva, nasopharyngeal, oral and rectum for HSV culture and for PCR assay (performed on same swab).
  - A second Dacron swab from any suspicious skin lesion for HSV culture and for PCR assay. The lesion should be unroofed, and the base swabbed for virologic testing.

### Acyclovir
- Start empiric Acyclovir if HSV workup in progress.