Global Aim

Improve the evidence-based evaluation and management for infants 8 – 60 days of age presenting with fever to the hospital setting

Specific Aim (s)

1) Increase the percentage of febrile infants who have appropriate CSF obtained to 90%
2) Increase the percentage of infants who have appropriate disposition from the emergency department to 90%
3) Increase the percentage of infants discharged from the ED who have appropriate follow-up within 1 calendar day to 90%
4) Increase the percentage of infants with negative cultures who have appropriate discharge from the hospital within 36 hours to 90%
5) Increase the percentage of infants who have appropriate receipt of antimicrobials to 90%

Primary Drivers

- Lack of knowledge of the evidence
- Lack of readily available access to the evidence
- Individual clinician variation in practice
- Organizational readiness to change practice
- Lack of multidisciplinary engagement

Change Ideas (or secondary drivers)

- Webinars to review the AAP febrile infant CPG
- App/interactive pathway
- Pathway Order Set
- Individual site and collaborative data review
- AAP MOC credits for pediatricians
- Structured template for follow-up guidance
- Multi-stakeholder involvement

Special thanks to Dr. Corrie McDaniel and Dr. Paul Aronson who designed and developed this key driver diagram with the support of the Implementation Scientist on the AAP’s Febriel Infant Subcommittee. This will be used in the upcoming national febrile infant QI initiative “REVISE II”. Details at www.aap.org/vipnetwork