

The Infectious Disease Practice at Valley Children's provides inpatient and outpatient diagnosis and management of children with suspected or proven infectious diseases. Our team works closely with other services, as infectious disease management can be critical in treating patients' other medical conditions. In addition, we are tasked with hospital infection control, working to control and eliminate nosocomial infections in the inpatient population.

### Access Center

24/7 access for referring physicians  
(866) 353-KIDS (5437)

### Outpatient Referral

Referral forms online at [valleychildrens.org/refer](http://valleychildrens.org/refer)  
FAX: (559) 353-8888

### Infectious Disease Office Numbers

Main: (559) 353-6450  
FAX: (559) 353-7214  
Physician Line: (559) 353-6456

### Physician Liaison

(559) 353-7229

A pediatric infectious disease subspecialist has completed a residency in pediatrics and a fellowship in pediatric infectious disease.

**Patients who should be referred to a pediatric infectious disease subspecialist include the following:**

Patients with prolonged or recurring fever, lymph node infections, congenital infections, bone and joint infections, and Coccidioidomycosis (valley fever).

**Exclusions:**

- Uncomplicated recurrent MRSA skin infections.
- (For such patients, an informational MRSA handout will be available at the primary care provider's request.)
- HIV infection
- Chronic fatigue syndrome

Diagnosis/Symptom	Initial Work-up	When to Refer
<b>Coccidioidomycosis (Valley Fever)</b>	Coccidioides complement fixation and immunodiffusion titers, CBC, ESR, C-reactive protein. Chest X-ray and other imaging studies as appropriate.	Active pulmonary or extra-pulmonary disease.
<b>Lymphadenopathy</b>	CBC w/differential, ESR, CRP; PPD; Chest X-ray  Consider: Bartonella IgM, IgG, EBV serology	When present for 6 weeks or more without resolution, or enlarging; when unresponsive to antibiotic treatment; if PPD positive.
<b>Persistent Fever Without Source</b>	Caregiver to record a daily fever diary for at least 2 weeks and include notation of associated symptoms such as: <ul style="list-style-type: none"> <li>• Weight loss, night sweats, skin rash, etc.</li> <li>• Laboratory studies: <ul style="list-style-type: none"> <li>• CBC w/differential</li> <li>• ESR, C-reactive protein</li> <li>• PPD</li> <li>• Blood and urine cultures</li> <li>• EBV serology</li> <li>• Bartonella serolog</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• &gt;10 days of daily fever without identifiable source</li> <li>• Weight loss</li> <li>• Worsening systemic symptoms</li> <li>• Elevated inflammatory markers</li> </ul>
<b>Recurrent Fever</b>	Caregiver to record a daily fever diary to document time course and pattern of fevers, and include notation of any associated symptoms, such as: <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Lymphadenopathy</li> <li>• Oral ulcers, pharyngitis</li> <li>• Hepatosplenomegaly</li> <li>• Laboratory testing: <ul style="list-style-type: none"> <li>• CBC w/differential</li> <li>• ESR, C-reactive protein</li> </ul> </li> </ul>	When present for 3 months or more without identifiable source.