

Neonatal Nosocomial Sepsis Care Guideline

Inclusion Criteria:

- ≥ 7 days old
- Hospitalized in the NICU/CVICU with new onset signs and symptoms of infection

Assessment

- Vital signs
- Physical exam
- Presence of central catheters (inspect sites) and/or ventilator

Interventions

- Hemodynamic support as needed
- Labs: CBC w/ manual diff, CRP, culture blood (central & peripheral), urine, CSF studies and culture
- Consider BMP, blood gas
- CXR if respiratory symptoms

Hemodynamic instability, respiratory decompensation, poor perfusion

No

Yes

Refer to Order Sets for antibiotic dosing

- Oxacillin
AND
- Gentamicin

Refer to Order Sets for antibiotic dosing

- Cefepime
AND
- Vancomycin x 48 hrs

Further Recommendations

- Discontinue antibiotics at 48 hrs if culture negative & clinical status reassuring
- Adjust antibiotics per culture results and response to therapy
- Remove central venous catheters (when possible) if infection related

Considerations

- Risk factors for sepsis include, birthweight <1500 grams, recent antibiotic use, presence of central venous catheters and/ or ventilator.
- ID consult for: 1) candidemia 2) antibiotics needs beyond the recommended duration, 3) need for broader coverage such as Meropenem, 4) meningitis (optional)
- Consider addition of fluconazole if birthweight < 1000 gm, recent broad-spectrum antibiotic exposure & new onset thrombocytopenia (refer to Neonatal Fungal Sepsis Guideline).
- Duration of treatment: bloodstream infection 10-14 days from 1st neg culture; Meningitis 14-21 days depending on organism, Pyelonephritis 14 days

Safety Monitoring:

Gentamicin nephrotoxicity: gentamicin trough level should be obtained if planning on duration longer than 48 hrs.

References

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