Neonatal Nosocomial Sepsis Care Guideline

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

**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

**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

**Safety Monitoring:**
Gentamicin nephrotoxicity: gentamicin trough level should be obtained if planning on duration longer than 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

Approved Care Guidelines Committee 4-23-09, revised 3-20-13. Evidence Based Medicine Committee 9-21-16

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

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References
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