

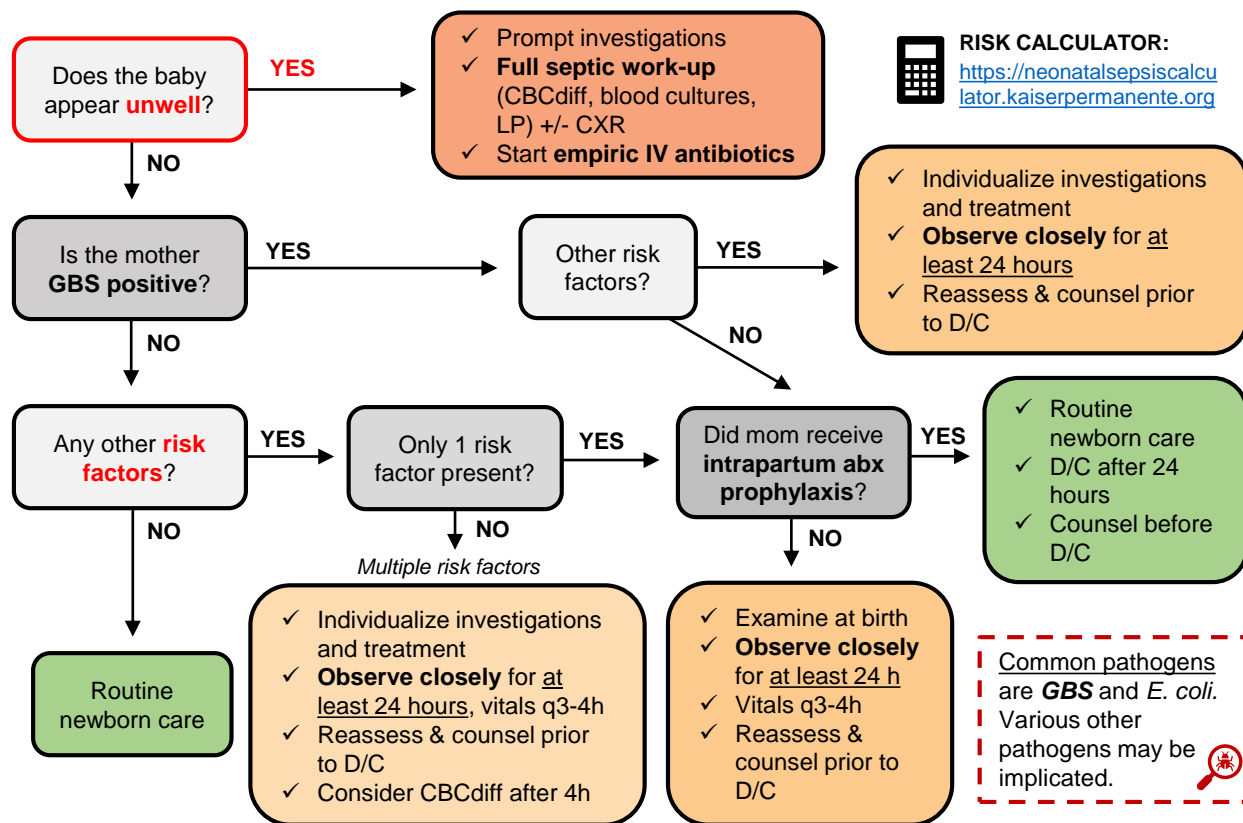


**Early onset neonatal sepsis (EONS):** sepsis within the first 7 days of life.

**Late onset neonatal sepsis (LONS):** sepsis from 7-28 days of life.

HISTORY	PHYSICAL EXAM	INVESTIGATIONS – FULL SEPTIC WORK-UP	
<ul style="list-style-type: none"> <li>▪ <b>Prenatal, pregnancy, and birth history</b></li> <li>▪ <b>Maternal serologies</b></li> <li>▪ <b>Risk factors for sepsis</b></li> <li>▪ <b>Neonatal complications</b> at delivery or prior to discharge home</li> <li>▪ <b>Sick contacts</b></li> <li>▪ <b>Events leading up to current presentation:</b> sleep, waking, feeding, voiding, stooling</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>ABCs, vitals</b></li> <li>▪ <b>Airway:</b> patent?</li> <li>▪ <b>Breathing:</b> ↑ WOB, apneic episodes, cyanosis</li> <li>▪ <b>Circulation:</b> HR, BP, pulses, perfusion</li> <li>▪ <b>Disability:</b> LOC, infant GCS</li> <li>▪ <b>Exposure</b></li> <li>▪ <b>DEFG = don't ever forget glucose</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Blood:</b> culture, CBC+diff, CRP</li> <li>▪ <b>Urine</b> (catheter sample): culture, urinalysis</li> <li>▪ <b>CSF:</b> culture, protein, glucose, cell count, viral PCR (HSV, VZV, and enterovirus).</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Consider:</b> blood gas, CXR, respiratory virus panel, and swabs of any lesions.</li> </ul>
<b>RISK FACTORS FOR EONS</b>			
<ul style="list-style-type: none"> <li>▪ <b>Prolonged rupture of membranes</b> (≥ 18 hours)</li> <li>▪ <b>Maternal fever</b> (≥ 38°C)</li> <li>▪ <b>Maternal GBS</b> colonization</li> </ul>		<ul style="list-style-type: none"> <li>▪ <b>GBS bacteriuria</b> anytime in pregnancy</li> <li>▪ <b>Invasive GBS disease</b> in a previous infant</li> <li>▪ <b>Chorioamnionitis</b></li> </ul>	

## MANAGEMENT OF TERM INFANTS (≥ 37 WEEKS) AT RISK FOR EARLY ONSET NEONATAL SEPSIS



**IV Antimicrobial Therapy:** start **ampicillin** (GBS and *Listeria* coverage) + **gentamicin** (*E. coli* coverage) +/- **acyclovir** (if concerned about *HSV*). Ampicillin and gentamicin are generally preferred; however, *local antibiotic resistance patterns and special circumstances must be considered.*

October 2020

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