

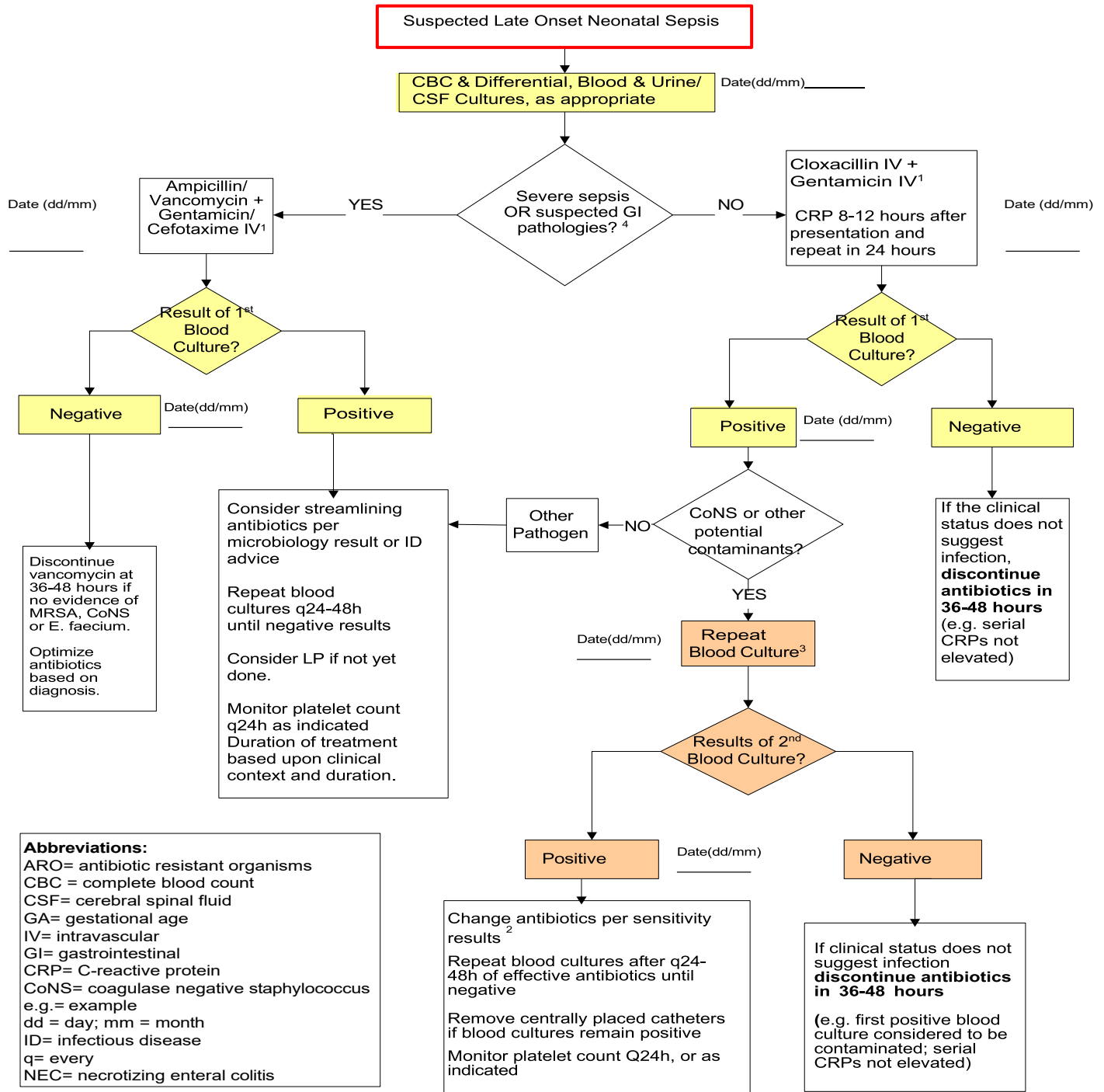
# ANTIMICROBIAL APPROACH TO LATE ONSET SEPSIS AMONG INFANTS BORN AT <33 WEEKS' GA

## PURPOSE:

- Reduce unnecessary antibiotic use in preterm infants evaluated for late onset sepsis

## RATIONALE:

- Unnecessary use of broad-spectrum antibiotics is associated with higher morbidity, mortality, and emergence of ARO.
- Blood culture volumes should be optimized (minimum 1mL) to reduce false negative results.



### Foot notes:

1. Choice of empiric antibiotics depending on local antibiograms – antibiotic-resistant organism colonization status (e.g. MRSA, VRE, CPO) should be taken into account. Vancomycin should only be chosen as an empiric agent in the setting of mother or infant being MRSA positive on MRSA screening. Addition of metronidazole in case of GI perforation.
2. For oxacillin-resistant CoNS infection use vancomycin (persistent CoNS infection often associated with thrombocytopenia)
3. Change antibiotics after taking second blood culture if clinical status is unstable or deteriorating
4. E.g. hypotension, poor perfusion, NEC, spontaneous intestinal perforation

This guideline outlines the approach to the management of suspected late-onset sepsis in NICU patients. It is not intended as a substitute for clinical judgment. If any specific questions, please contact the Neonatologist and/or consider ID consult.