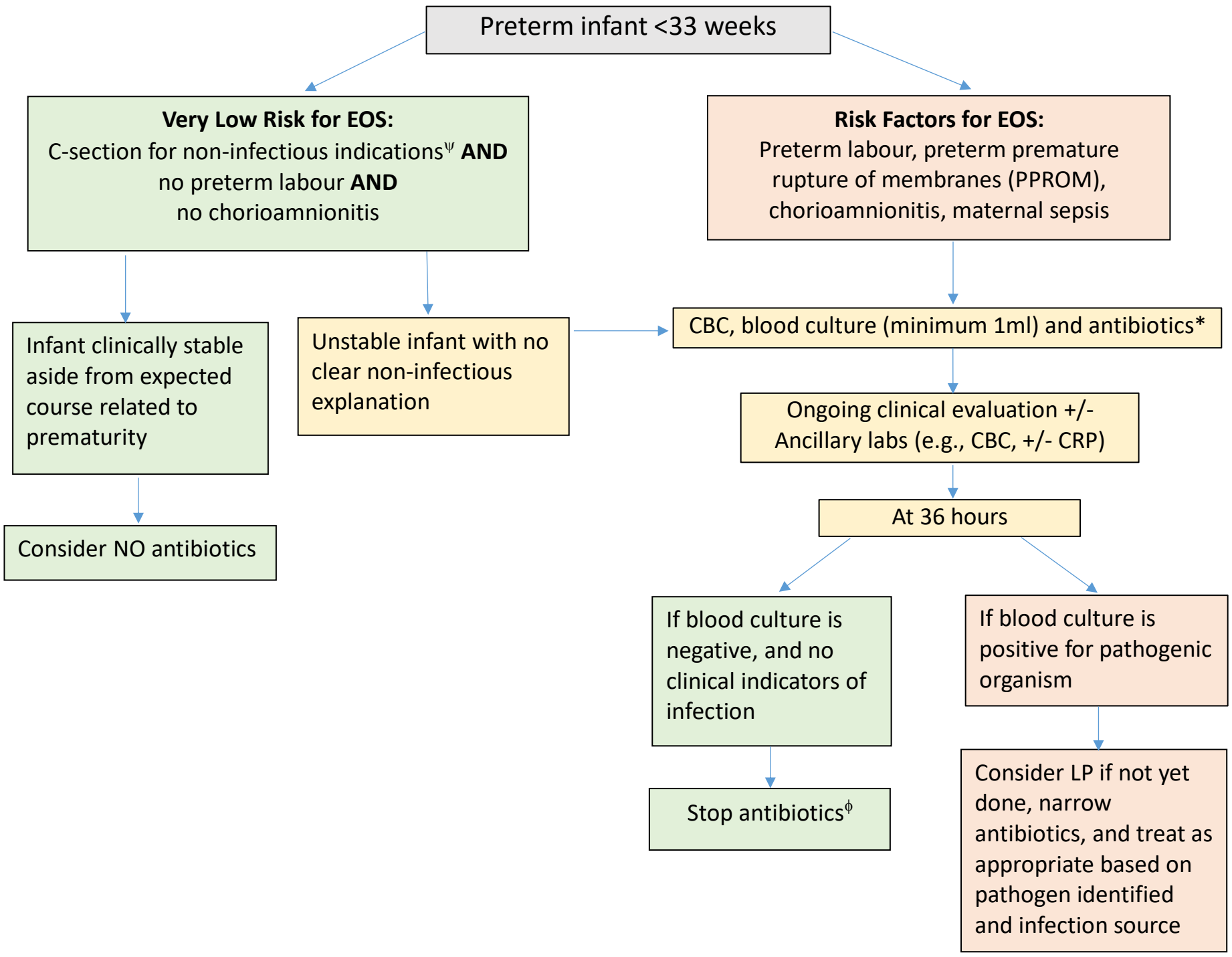
Early Onset Sepsis Guideline for Preterm Infants

PURPOSE:

- Reduce unnecessary antibiotic exposure in preterm infants at very low risk of early onset sepsis (EOS).

RATIONALE:

1) Higher antibiotic utilization in preterm infants, particularly in first week of life, is associated with higher morbidity, mortality, and longer lengths of stay[1, 2].
2) Preterm infants delivered for maternal/fetal indications without infectious risk factors are at low risk for EOS[3].
3) Blood culture volumes should be optimized (minimum 1mL) to reduce false negative results.



Ψ**Non-infectious indications:** pre-eclampsia, IUGR, placental insufficiency, abruption, maternal/fetal illness due to non-infectious reasons

Signs of early onset sepsis: respiratory distress, apnea, temperature instability, tachycardia, poor perfusion, hypotension, metabolic acidosis, hypotonia, lethargy, seizures

***Choice of antibiotics:** first line ampicillin PLUS gentamicin OR tobramycin; consider alternate antibiotics based on maternal colonization status, local antibiogram and infant's clinical status

ϕ**Antibiotics beyond 36 hours:** in case there are concerns of ongoing sepsis, e.g., maternal sepsis on appropriate treatment, inadequate blood culture volumes, unexplained inflammatory parameters, continued use of antibiotics should be evaluated every day. LP and repeat blood culture should be considered on individual basis.

Examples of abnormal labs: WBC <5, ANC <1 (unrelated to IUGR)

***DISCLAIMER**:*
This guideline outlines the approach to the management of early-onset sepsis in NICU patients. It is not intended as a substitute for clinical judgment. Clinical judgement must supersede any algorithm-based care. If any specific questions arise, please contact the Neonatologist.

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December 1, 2023

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