KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

CHECKLIST: NEONATAL INFECTIONS

Name:		IP Number:	

The purpose of this management checklist is to guide an appropriate and acceptable standard of management and care for neonatal infections. It should be started immediately for any baby with signs of possible infection.
Should be used together with the following Management Checklists as indicated: Specific Infections; Necrotising enterocolitis; Tuberculosis; Tetanus.
Its aim is to guide management by Professional nurses and junior/inexperienced medical practitioners.
Individual critical clinical judgment should always be used. It does not replace individualized expert management.

Does the baby have a possible infection? Presence of 1 or more of the following signs:			✓
Systemic			
Respiratory distress		Brady/tachycardia	
Abnormal temperature (particularly if low)		Abnormal colour - pallor/mottling/jaundice	
Persistent hypo/hyperglycaemia		Feeding difficulties or intolerance	
Altered behaviour/tone/responsiveness/seizures		Shock	
Local			
Redness		Swelling	
Discharge			

Sign:		**Print:**	
Date:		**Time:**	

Does the baby need urgent treatment?			✓
Commence antibiotics within <u>1 hour of</u> decision if any ONE of the following is present:			
Shock		Suspected/confirmed infection in twin	
Mechanical ventilation in term baby		Respiratory distress starting more than 4 hours after birth	
Seizures		Suspected/confirmed maternal infection on A/Bs	
Spontaneous preterm birth with no risk factors/signs of infection (see below)			
Commence antibiotics within <u>1 hour of</u> decision if any TWO of the following is present:			
Spontaneous preterm birth with risk factors/signs		Pre-labour ROM	
Maternal pyrexia/ chorioamnionitis		ROM >18 hours	
New onset of: Brady/Tachycardia		Respiratory distress or apnoea	
Temperature ≥38 or < 36°C		Hypo/hyperglycaemia	
Altered behaviour/tone/responsiveness		Metabolic acidosis (Base deficit ≥10 mmol/l)	

Sign:		**Print:**	
Date:		**Time:**	

What antibiotic (AB) therapy should be commenced?				
Spontaneous preterm birth (no risk factors/signs of infection)				✓
			Ampicillin 50 mg/kg IVI: <2 kg - **12 hourly** >2 kg - **8 hourly**	
All other babies with suspected sepsis: 1st line AB:				
Ampicillin 50 mg/kg IVI		**PLUS**	**Gentamycin 5 mg/kg/dose IVI**	
1st week of life:	<2 kg - 12 hourly >2 kg - 8 hourly		(Dilute & infuse over 30 minutes) <32 weeks: 36 hourly ≥32 weeks: 24 hourly	
After 1st week:	<2 kg - 8 hourly >2 kg - 6 hourly			

Sign:		**Print:**	
Date:		**Time:**	

Second line Antibiotic : Commence if:				✓
No clinical improvement after 48 hours of 1st line ABs			Baby has deteriorated after 48 hours of 1st line ABs	
Cultured organism not sensitive to 1st line ABs			If culture positive treat according to sensitivity	
Consult referral centre. If referral centre not immediately available commence empiric therapy over page:				
Regional/Tertiary: Be guided by individual unit policies according to resident organisms and site of sepsis.				

Tazobactam 100 mg/kg/dose		**PLUS**	**Amikacin 15 mg/kg/dose**		
<1 kg	≤2 weeks - 12 hourly >2 weeks - 8 hourly		**1st week of life:**	<36 weeks – 36 hourly ≥36 weeks - Daily	
≥1kg	≤1 week - 12 hourly >1 week - 8 hourly		**After 1st week:**	Daily for all gestations	
Sign:			**Print:**		
Date:			**Time:**		

Third line: Commence if there is no clinical improvement or deterioration or new infection					✓
Consult referral centre and consider:					

Cloxacillin 25 - 50 mg/kg/ dose		**OR**	**Vancomycin 15 mg/kg/dose infused over 1 hour** (Only if central lines in place & risk of staph aureus.)		
First week of life	12 hourly		**≤ 29 weeks:**	daily	
2nd - 3rd week	8 hourly		**30 - 36 weeks:**	twice daily	
>3 weeks	6 hourly		**37 - 44 weeks:**	8 hourly	
			>44 weeks:	6 hourly	
Sign:			**Print:**		
Date:			**Time:**		

Investigations –Suspected early onset sepsis ≤72 hrs after birth. Septic screen as below:				
FBC with differential		CRP & repeat after 48 hours		
Blood culture in paediatric culture bottle		Chest /abdominal X-Ray		
Lumbar puncture. This is <u>not</u> routine. Only include if one of the following is present:				
There are CNS signs		At 48hrs: Baby not improving or has deteriorated		
Initial CRP ≥20 or FBC: WCC <5 or >32		Blood culture positive		
Investigations –Suspected late onset sepsis > 72 hrs after birth				✓
Septic screen as above PLUS if indicated:		Stool for MCS		
Urine culture		Pus swab from affected site		
Sign:		**Print:**		
Date:		**Time:**		

NB. Consult referral center immediately for any of the following:				✓
Confirmed sepsis		Uncertainty re antibiotic choice, dose or duration		
No improvement after 48 hours of antibiotics		Deterioration at any stage		
Sign:		**Print:**		
Date:		**Time:**		

Discontinue antibiotics:				✓
1. At 72 hrs if 48 hour CRP is <10, no growth on blood culture and baby clinically **WELL**				
2. After 7 - 10 days for 1st line antibiotics and baby now **WELL**				
3. After 14 - 21 days for specific conditions - see **Investigations and management of specific conditions**				
Sign:		**Print:**		
Date:		**Time:**		

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