

NCCC Guidelines for Management of Late Onset (≥ 7 DOL) Neonatal Sepsis

SUSPECT SEPSIS

OBTAIN TWO BLOOD CULTURES FROM DIFFERENT SITES:
 One peripheral and one central (if available) or two different peripheral sites
 Obtain catheterized urine culture & consider lumbar puncture

BEGIN ANTIBIOTICS: Use Nafcillin & Gentamicin

- Use vancomycin instead of nafcillin for gram positive coverage if invasive lines or foreign bodies, recent invasive procedures, or history of MRSA
- For gram negative coverage in infants with renal insufficiency, consult Pediatric Pharmacy and consider dosing gentamicin (based on gentamicin levels) or cefotaxime/ceftazidime/cefepime*
- If suspected meningitis, use cefotaxime/ceftazidime OR cefepime*
- If severe sepsis or critically ill, use broader spectrum antibiotics such as vancomycin and cefepime

* Cefepime alone has good activity against gram positive and gram negative organisms and should not be paired with nafcillin for empiric antibiotic therapy

POSITIVE URINE AND/OR CSF CULTURE

Treat per sensitivities

Get culture results

Patient condition?

IMPROVING

NOT IMPROVING

Blood Culture Results

Any Culture

Both Cultures

Patient condition?

NEGATIVE

NOT IMPROVING

Coagulase Neg Staph?

NO

YES One Positive

REPEAT culture ASSESS patient

IMPROVING

YES Both Positive

Change to VANCOMYCIN & await sensitivities

Treat per sensitivities and tailor antibiotics

STOP antibiotics at 48 hours

Consider consulting Peds ID and/or evaluating for:

- Anaerobes → Flagyl
- NEC → Ampicillin & Gentamicin ± Flagyl
- Pseudomonas → Ceftazidime or Cefepime
- Candida → Fluconazole
- HSV → Acyclovir
- CMV → consider Ganciclovir

*Consider the need for contact precautions / isolation if there is a concern for potentially communicable disease.
 *Peds ID consult indicated for: *S. aureus*, *S. lugdunensis*, and *Candida*

Repeat Blood Culture