Evaluation and Management of Possible Neonatal Sepsis (≥ 35 weeks Gestation During the First Few Hours of Life)

**Signs of Neonatal Sepsis:** tachypnea, grunting, cyanosis, oxygen requirement, apnea, persistent temperature <36.5 or >37.5°C, hypotonia, poor feeding, or persistent unexplained hypoglycemia - Infants in mild respiratory distress w/o risk factors can be observed up to 2 h if stable and improving.

**Antibiotics for Suspected Sepsis**
1. Ampicillin 100 mg/kg/dose IV q12h
2. Gentamicin 4 mg/kg/dose IV q24h

**Normal Lab Values** (institution specific)
1. CRP < 0.5 mg/dL
2. CBC I:T ratio < 0.16 (some use 0.20)
   - I:T ratio = immature / total neutrophils
3. Absolute neutrophil count within normal limits


**CBC, CRP, Blood Culture, CXR** - if respiratory distress persists, LP - if sepsis suspected vs R/O. Repeat labs in 12 to 24h: Antibiotics at least 48h: guided by cultures, labs (WNL or normalize quickly) and benign clinical course. Antibiotics minimum 7-10 d: clinically not improving within hours, abnormal labs or presence of GBS risk factors, chorioamnionitis or inadequate intrapartum antibiotic prophylaxis.

**CBC, CRP, Blood Culture**
Repeat labs in 12 to 24h
Antibiotics at least 48h to 7 days
(stop if culture negative, labs WNL or normalize quickly and benign clinical course)

**Antibiotics for Suspected Sepsis**
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**Routine Newborn Care: If ROM > 18h**
consider screening CBC and CRP @ 6-12h

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Observe at least 48h: consider screening CBC and CRP @ 6-12h

**CBC and CRP @ 6-12h**
Observe at least 48h
(no antibiotics unless infant develops abnormal labs or signs of sepsis)

**Risk Factors:** < 37 wks GA, maternal T≥38°C, ROM ≥18h, previous infant w/GBS or current GBS bacteriuria

**Created and Revised -R Roghair MD, Reviewed - J Klein MD Medical Director NICU: 9/30/05, 11/28/07, 3/30/11**

Ref.: CDC. Prevention of Perinatal Group B Streptococcal Disease. MMWR 11/19/2010; 59;No. RR-10;1-32.