



NEWBORN EMERGENCY TRANSPORT SERVICE MEDICAL GUIDELINES

CLINICAL GUIDELINES

Sepsis
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Newborn Emergency Transport Service Medical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
Authorisation and review by NETS WA

Infection/Sepsis

Key points:

- Always consider in every sick infant, especially with respiratory distress
- Gram positive organisms: Group B Streptococcus, Group A Streptococcus, Listeria, pneumococcus
- Gram negative organisms: E. coli, Klebsiella, Enterobacter sp, Haemophylis sp
 - Resistance is developing to aminoglycosides and cephalosporins
- Obtain history of antibiotic resistance in mother

Management:

- If in shock then manage as per shock protocol
- Take blood culture, then administer broad-spectrum antibiotics. **Never withhold antibiotics if a blood culture cannot be taken.**
- Bring the placenta back for histology & culture.
- **Lumbar punctures & suprapubic urine aspiration are not necessary on transport.**
- Amoxicillin + Gentamicin cover most neonatal infections, however resistance is emerging.
- For suspected meningitis, consider adding Cefotaxime &/or Aciclovir (especially when seizures are present).
- For a shocked neonate consider cefotaxime or meropenem