



NEOCLINIC ANTIBIOTIC GUIDELINES

(A) Early Onset Neonatal Sepsis -

WHO?

- All neonates between 0-30 weeks with Respiratory distress to be started on IV antibiotics.
- For all other neonates babies refer to the Unit formulary.
- EWBNS risk factors flow chart applies to fresh neonates with respiratory distress.

WHAT?

- Preferably, first line antibiotics to be used in cases of EONS.

HOW?

- If not babies are not started then R/R hourly review of clinical status to be done.
- IV antibiotics to be closely followed with 2 CRPs within 48 hours.
- CRP to be repeated 12-24 hours apart.

WHEN TO STOP?

- If 2 CRPs are negative then antibiotics to be stopped within 48 hours.
- If 1st CRP is positive then wait for blood culture before stopping antibiotics.
- In case CRP is raised while blood culture is sterile start on oral antibiotic not to exceed 5-7 days.
- In cases of suspected meningitis and negative blood culture, duration of antibiotics not to exceed 5-7 days.

WHEN TO UPGRADE/DOWNGRADE?

- Consider repeat cultures and utilizing antibiotics for late-onset sepsis if there are ongoing signs/symptoms persisting CRP despite 24-48 hours of treatment.
- Once an organism has been isolated, the antibiotic should be rationalized to the narrowest spectrum that effectively covers the organism in the site it has been isolated from.
- Antibiotic duration in case of culture positive cases to be decided after Lumbar puncture and isolated organisms.

(B) Late Onset Neonatal Sepsis-

WHO?

- All neonates with previous NICU stay to be started on IV antibiotics on admission if sepsis suspected.

WHAT?

- Preferably, 2nd line antibiotics to be started.
- For admitted patients, refer to flowchart on clinical deterioration.

HOW?

- Specify reason for starting/upgrading antibiotics in the antibiotic prescription form.
- Always send blood culture on starting/upgrading antibiotics.

WHEN TO STOP?

- Consider stopping antibiotic if 2 CRPs at least 12-24 hours apart are negative and culture is sterile.
- If CRP is raised and culture is negative along with clinical indicators of sepsis, antibiotics course not to exceed 5-7 days.

WHEN TO UPGRADE AND DOWNGRADE?

- Once an organism has been isolated, the antibiotic should be rationalized to the narrowest spectrum that effectively covers the organism in the site it has been isolated from.
- Empirical Vancomycin should not be started in suspected cases of CLABSI.
- Vancomycin to be started only in cases of proven MRSA infections.
- In case of proven fungal sepsis antibiotics to be stopped as soon as possible unless strong suspicion of concomitant bacterial infection.
- Consider repeat cultures if there are ongoing signs/symptoms or rising CRP despite 24-48 hours of treatment.
- Central venous lines should be removed in fungal infections. In case of bacterial infections, central line is retained if repeated blood culture are positive despite appropriate antibiotics.
- The decision to stop antibiotic should be guided by clinical response and serial CRP. If persisting symptoms/signs or abnormal CRP, consider repeating cultures (including urine, LP) optimizing antibiotic doses and further investigations (e.g. echo, Xray, ultrasound) to look for a focus.

(C) Surgical cases-

- Post operative empirical antibiotics to be given for maximum 3 days.
- Post operatively 2 CRPs to be done at 48 hours and 72 hours. If CRP is in decreasing trend and blood culture is negative then antibiotics are to be stopped at 72 hours.

ANTIBIOTIC RESISTANCE

Antibiotic resistance happens when bacteria change and become resistant to the medicines used to treat the infections they cause. This is compromised our ability to treat infections. Diagnose and understand every advance in medicine.

We must harness antibiotics with care to not render antibiotic for us long as possible.



BECOME AN ANTIBIOTIC GUARDIAN

Keep Antibiotics Working

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Poster depicting Unit Antibiotic Protocols

