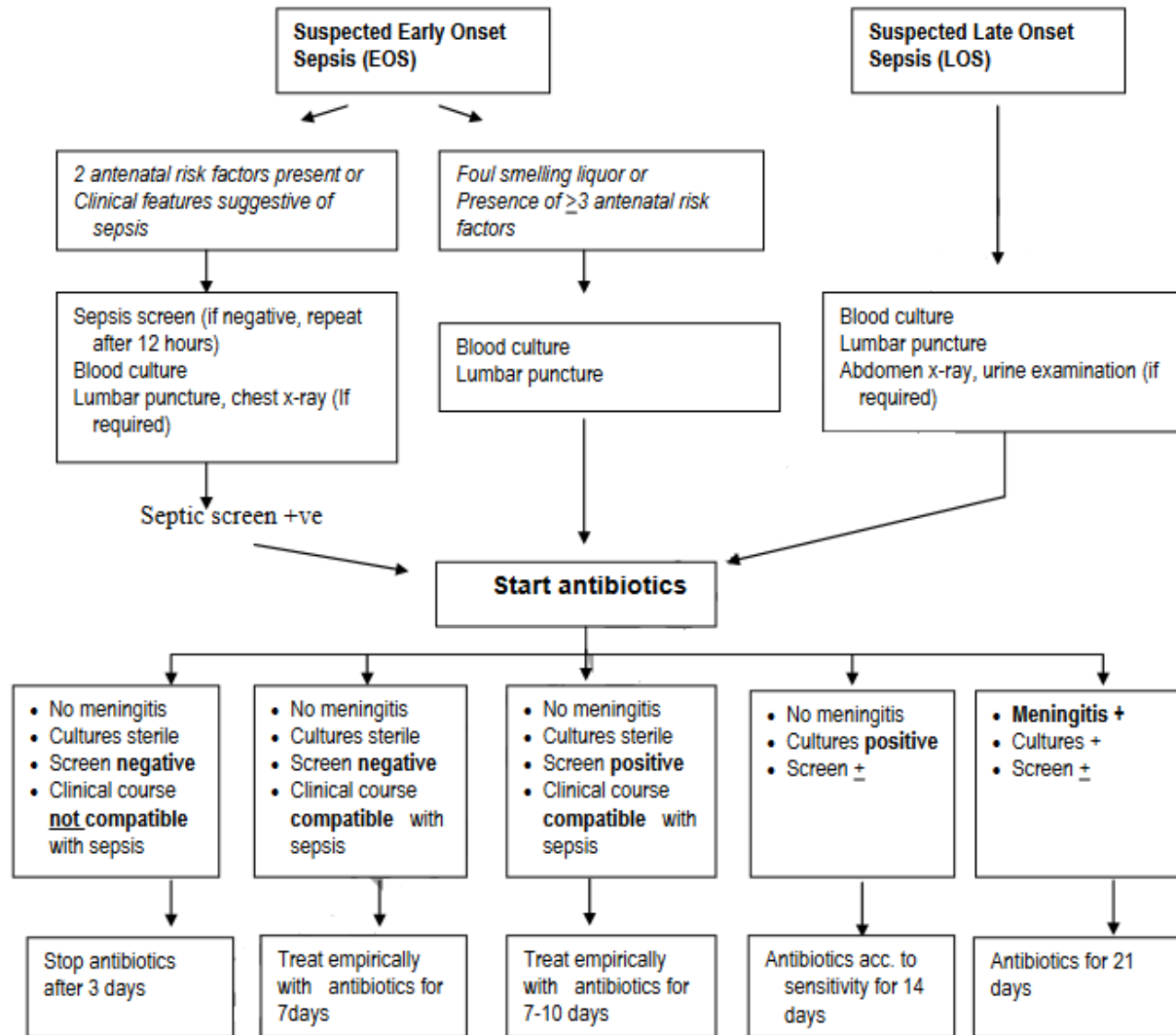


Neonatal Sepsis

Protocol for sepsis



NB. If no response is seen within 48-72 hours of starting treatment, a repeat blood culture should be obtained to determine appropriate choice and duration of antibiotic therapy. A lumbar puncture should be repeated in gram negative meningitis to assess for response to therapy.

Neonatal Shock Management based on Clinical Scenario

<u>Clinical Scenario</u>	<u>Common Causes</u>	<u>Management</u>
ELBW < 24 hrs Hypotension, but other parameters stable	Stable ELBW	Close clinical monitoring
Sick preterm, hemodynamically unstable	Low systemic blood flow, IVH, large PDA, adrenal insufficiency, sepsis	Gen: NS 10 ml/kg bolus, rpt if required Inotropes: 1 st line: Dopamine 10-20 mcg/kg/min 2 nd line: Dobutamine 10-20 mcg/kg/min 3 rd line: Adrenaline 0.1 – 0.5 mcg/kg/min and/or Hydrocortisone 1-2 mg/kg Consider treating PDA, administer blood products if IVH Consider early antibiotics if suspicion of sepsis
Term < 24 hrs with birth asphyxia, h/o meconium aspiration	HIE, Mass, PPHN	Supportive: Sedation, Normal metabolic parameters Gen: NS 10 ml/kg bolus, rpt if required Inotropes: With Normal BP – Dobutamine 10 to 20 mcg/kg/min Inodilators: 1 st line: Milrinone, iNO 2 nd line: Dopamine 10-20 mcg/kg/min 3 rd line: Adrenaline 0.1 – 0.5 mcg/kg/min With Low BP: 1 st line: Dopamine 10-20 mcg/kg/min
Term > 24 hrs with shock, Sick looking	Sepsis	Gen: NS 10 ml/kg bolus, rpt if required up to 40 ml/kg in septic shock, early blood product transfusion Inotropes: 1 st line: Dopamine 10-20 mcg/kg/min 2 nd line: Dobutamine 10-20 mcg/kg/min 3 rd line: Adrenaline 0.1 – 0.5 mcg/kg/min and/or Hydrocortisone 1-2 mg/kg Consider early antibiotics if suspicion of sepsis
Term > 24 hrs with sudden onset of circulatory collapse, previously well baby	Suspected duct dependent structural cardiac defect	Gen: NS 10 ml/kg bolus, cautious fluid therapy Inotropes: 1 st line: Dopamine 10-20 mcg/kg/min 2 nd line: Dobutamine 10-20 mcg/kg/min Urgent bedside 2 D ECHO to r/o duct dependent cardiac lesion. If ECHO not available, consider empirical PGE1 infusion – dose: 50 to 200 ng/kg/min