

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Sepsis

Infection
Paediatrics - Sepsis: Child \leq 8 weeks
Excludes neutropenic sepsis
Likely Organisms
Child \leq 8 weeks (chronological age)
Group B Streptococcus, E. coli, Listeria monocytogenes, N. meningitidis, S. pneumoniae
Empiric Antimicrobial Treatment
For pre-term infants or previous NICU admission, refer patient to Neonatology / Microbiology.
Child \leq 8 weeks (chronological age)
Cef-O-taxime IV
Plus
Amoxicillin IV
Plus consider (see comments below):
+/- Gentamicin IV
+/- Vancomycin IV
+/- Aciclovir IV
Plus contact Microbiology if recent foreign travel for mother or baby in case of potential for colonisation with resistant organism.
Add Gentamicin if :
<ul style="list-style-type: none">Severe sepsis/ haemodynamically unstableRequiring inotropes/critical careLikely resistant organisms e.g., frequent or prolonged hospitalisation; >48 hours following admission; recent foreign travel for mother or baby.
Add Vancomycin if:
<ul style="list-style-type: none">MRSA positiveRecent travel outside of Ireland for mother or babyProlonged antibiotics in past 3 monthsConcern about infected prosthetic material e.g. PICC line in-situ.
Add Aciclovir if clinical features of HSV.
Add Clindamycin if suspected staphylococcal/streptococcal toxic shock.
If suspected abdominal source, please see monograph for Paediatric Intra-Abdominal Infections .
Duration of Treatment
Duration depends on source of sepsis.
If cultures are negative and sepsis is not suspected, discontinue antibiotics.
Comments
<ul style="list-style-type: none">Ensure the correct dose and frequency of antimicrobials is prescribed: see CHI 'Clinibee' Antimicrobial Guidelines app or LH Quick Reference dosing cards.Obtain cultures before antibiotics are administered wherever possible: e.g. urine, blood culture, LP.Antibiotics should be administered within 1 hour if presenting as a red flag for septic shock and 3 hours if presenting as an amber flag for suspected sepsis.Check previous microbiology results to determine if recent antibiotic-resistant organisms have been identified and contact Microbiology for advice.The selection of appropriate antibiotic therapy is complex - this guideline is not intended to cover all possible scenarios.

