

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Neonatal Empiric Treatment Guidelines

Infection	
Neonatal - Invasive Candida Infection	
Likely Organisms	
Candida albicans or other Candida species	
Empiric Antimicrobial Treatment	
AmBisome®	
Medication Safety: AmBisome® should be prescribed by brand name only.	
No other amphotericin product other than AmBisome® should be used.	
Comments	
<ul style="list-style-type: none"> N.B. Always review empiric therapy after 48 hours in conjunction with C&S results. N.B. If the baby does not respond to initial empiric treatment, contact Consultant Microbiologist for advice. Meningitis or arthritis may present in 50% of cases and endophthalmitis may present in 20% of cases of systemic candidosis in the neonate. 	
Duration of Treatment	
Minimum 14 days, discuss with Consultant Microbiologist	
Infection	
Neonatal - Conjunctivitis	
Likely Organisms	
Mild: S. aureus, S. pneumoniae, H. influenzae	
Severe: S. aureus, Chlamydia trachomatis, Neisseria gonorrhoeae	
Empiric Antimicrobial Treatment	
Mild cases:	
Topical chloramphenicol eye drops, continue for 48 hours after healing.	
Note - the previous warning associated with use of chloramphenicol eye drops in patients under 2 years of age has been reviewed and removed.	
Severe cases/purulent eye discharge:	
Cef-O-taxime IV STAT	
AND	
Azithromycin PO 20mg/kg/day, 1 dose daily for 3 days (unlicensed indication)	
AND	
Azithromycin eye drops, apply twice daily for 3 days	
AND	
If signs of sepsis, ADD Amoxicillin AND Gentamicin	
Comments	
<ul style="list-style-type: none"> In severe cases, send eye swabs for bacterial culture, viral PCR and PCR for GC. “Sticky eye” without inflammation is common and does not require antibiotic treatment. Regular cleaning with cooled boiled water should suffice. Seek advice if Group B haemolytic streptococcus is isolated. If the causative agent is Chlamydia trachomatis or Neisseria gonorrhoea, STI screen recommended for mother and partner - refer to Genitourinary Medicine Clinic. 	
Duration of Treatment	
See above.	
Infection	
Neonatal - Meningitis	
Likely Organisms	
Group B Streptococcus, E. coli, Listeria spp., other Gram-negatives, S. pneumoniae, Enterococcus spp., other Gram-positives	
Empiric Antimicrobial Treatment	
NICU Setting:	
See guidelines for early-onset sepsis or late-onset sepsis as indicated	
Community-Acquired Setting (applicable to ED5 th Floor):	
See guidelines for Paediatrics - community acquired sepsis in babies < 8 weeks old	
Comments	
<ul style="list-style-type: none"> N.B. Always review empiric therapy after 48 hours in conjunction with C&S results. N.B. If the baby does not respond to initial empiric treatment, contact Consultant Microbiologist for advice. 	
Duration of Treatment	
Duration of treatment depends on causative organism:	
<ul style="list-style-type: none"> Group B Streptococcus: Minimum 14 to 21 days Listeria: Minimum 21 days Aerobic gram negative infection: Minimum 21 days or 14 days post-sterilisation of CSF, whichever is longer Uncomplicated pneumococcal infection: Minimum 14 days Uncomplicated Haemophilus infection: Minimum 10 days Uncomplicated meningococcal infection: Minimum 7 days Other gram positive organism: Contact Consultant Microbiologist for advice. 	