

# 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

- **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

- 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 Streptococci, E. coli, Listeria spp., other Gram-negative, 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 EDs\* Floor):

See guidelines for [Paediatrics - community acquired sepsis in babies < 8 weeks old](#)

## Comments

- **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:

- 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.