



NEONATAL SEPSIS



Neonatal sepsis is an infection involving the bloodstream of a newborn infant, less than 28 days old. It is divided into early-onset sepsis (EOS, occurring within the first 72 hours) and late onset sepsis (LOS, occurring after 72 hours of life). Sepsis continues to be a leading cause of morbidity and mortality among neonates. Prompt, interdisciplinary intervention is critical when infection is suspected.

CLINICAL TIP

The immune system of the neonate is immature and unable to target the source of infection. Localized infection can quickly become systemic. Signs of infection are most often non-specific. Maintain a high level of suspicion and investigate possible infection promptly.

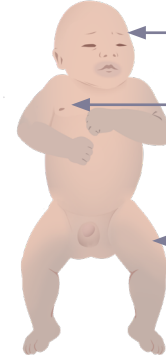
Risk factors for neonatal sepsis

- Preterm birth
- Low birth weight
- Prenatal infections
 - *Group beta strep* (GBS)
 - *E. coli*
- Prolonged labor
- Multiple vaginal exams during labor
- Rupture of membranes > 18 hours
- Chorioamnionitis during labor

Normal neonate



Neonatal sepsis



Lethargy

Pallor/cyanosis

Poor tone

Signs & symptoms of neonatal sepsis

- Irritability
- Lethargy
- Poor feeding
- Poor tone
- Pallor or cyanosis
- Respiratory distress
- Fever or hypothermia
- Tachycardia or bradycardia
- Hemodynamic instability or collapse

Prevention

- Adequate prenatal care
- Identification and treatment of GBS
- Limited vaginal exams in labor
- Adequate hand hygiene
- Maintenance of sterile technique when indicated
- Every 2 hours assessment for signs of infection following rupture of membranes

Assessment

Assess for risk factors.
Monitor vital signs.

Lab work:

- Blood cultures
- CBC with differential
- BMP
- C-reactive protein

Treatment

- IV antibiotics
- IV fluids
- Thermoregulatory support
- Nutritional support
- Decrease stimuli.
- Educate and reassure family members.