Antimicrobial Recommendations for Suspected Neonatal SEPSIS/ MENINGITIS

1. Airway, breathing, circulation before anything else!
2. Volume 20cc/kg bolus; repeat until blood pressure and profusion improved; may require greater than 60cc/kg in severe shock.
3. Check serum glucose and if low correct to normal with 2cc/kg of D25.
4. Obtain cultures (blood, urine, CSF), never delay antibiotic administration to obtain cultures. Do not do LP if elevated ICP is suspected or if patient coagulopathic.
5. Antibiotics:
   - **Neonate: (<1 month)**
     1. Ampicillin 50 mg/kg IV/IM q12hr + Cefotaxime (Claforan) 50mg/kg IV/IM q12hr
   - **Neonate: (1-3 months)**
     1. Ampicillin 50mg/kg IV/IM q12hr + Cefotaxime (Claforan) 50mg/kg IV/IM q12hr
   - **Infants or Children (>3months)**
     1. Cefotaxime (Claforan) or Ceftriaxone (Rocephin) 50mg/kg IV/IM q12hr
   - **Vancomycin:** Not recommended as initial therapy. Avoid giving Vancomycin unless gram stain suggestive of Strep. Pneumoniae or an LP could not be performed. Typical dose is 15mg/kg IV q6h, max 1gram/dose.
   - **Acyclovir (Zovirax):** 10-20 mg/kg IV q8hr (infuse over 1 hour) if suspect HSV encephalitis.
   - **Steroid in meningitis**: Evidence for benefit is not firm. (May benefit H. Influenza or pneumococial meningitis) usual dose 0.6 mg/kg/day divided 4 doses/day for 2 days for infants and children >6 wks. (Must be given just before or at the same time as the first antibiotic dose.)

***Ceftriaxone (Rocephin) has been black boxed due to interaction with calcium. Safe to administer if the patient is going home. Would *not* recommend using if the patient is getting admitted**.. Check with pharmacist if there are any concerns.