



CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)

Sepsis

This document should be read in conjunction with the [Disclaimer](#)

Key Points

- Always consider in every sick infant, especially with respiratory distress.
- Gram positive organisms: Group B Streptococcus, Group A Streptococcus, Listeria, pneumococcus.
- Gram negative organisms: E. coli, Klebsiella, Enterobacter sp, Haemophylis sp.
 - Resistance is developing to aminoglycosides and cephalosporins.
- Obtain history of antibiotic resistance in mother.

Management

- If in shock then manage as per shock protocol.
- Take blood culture, then administer broad-spectrum antibiotics. **Never withhold antibiotics if a blood culture cannot be taken.**
- Bring the placenta back for histology and culture.
- **Lumbar punctures and suprapubic urine aspiration are not necessary on transport.**
- Amoxicillin + Gentamicin cover most neonatal infections, however resistance is emerging.
- For suspected meningitis, consider adding Cefotaxime and/or Aciclovir (especially when seizures are present).
- For a shocked neonate consider Cefotaxime or Meropenem.

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