



Is infant \geq 35 weeks?
 No → This guideline does not apply to infants <35 weeks. Consult pediatrics. See [this link](#) for resources.

Yes
 Is one or more of the following present?
 • Any maternal fever during antepartum period
 • Prolonged rupture of membranes
 • GBS positive or unknown
 No → Routine care. Consult pediatric hospitalist with any questions or concerns.

Yes
 • Go to the [Kaiser Neonatal Early-Onset Sepsis Calculator](#).
 • Enter infant and maternal information.
 • The first question will ask your local incidence of newborn sepsis. In the drop-down box, choose the CDC national incidence.

• Follow recommendations for blood culture, antibiotics, and vital sign frequency based on early-onset sepsis risk for infant's clinical status.
 • "Well-appearing," "equivocal," and "clinical illness" are defined [here](#).
 • Note: If the calculator recommends observation, this should be for at least 48 hours with vital signs Q4h.

If any clinical concerns about infant, consult pediatric hospitalist.

If giving antibiotics:
 • Send CBC with differential and CRP.
 • Order ampicillin and gentamicin, using [Neofax](#) or the [Neonatal Resuscitation Summary](#) for dosing.
 • Consult pediatric hospitalist and prepare to transfer infant to NICU.

Note: CBC and CRP are not routinely recommended anymore. However, they can be useful to trend if starting antibiotics. Thus, we recommend they be obtained if starting antibiotics.

Signs of Neonatal Sepsis

- Temp \geq 100.4 or \leq 97.5
- Irritability
- Poor Feeding
- Hypoglycemia
- Hypothermia
- Tachypnea
- Tachycardia
- "Not acting right"

If any of these signs are present, consider obtaining a pediatrics consult.

References

- *Pediatrics* 2019: [Management of Infants at Risk for Group B Streptococcal Disease](#)
- *Pediatrics* 2018: [Management of Neonates Born at \$\geq\$ 35 0/7 Weeks' Gestation with Suspected or Proven Early-Onset Bacterial Sepsis](#)