

**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  |  |
| <ul style="list-style-type: none"><li>• <b>N.B.</b> Always review empiric therapy after 48 hours in conjunction with C&amp;S results.</li><li>• <b>N.B.</b> If the baby does not respond to initial empiric treatment, contact Consultant Microbiologist for advice.</li><li>• Meningitis or arthritis may present in 50% of cases and endophthalmitis may present in 20% of cases of systemic candidosis in the neonate.</li></ul>   |  |
| 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   |  |
| <b>Mild cases:</b>  |  |
| 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.  |  |
| <b>Severe cases/purulent eye discharge:</b>   |  |
| 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  |  |
| <ul style="list-style-type: none"><li>• In severe cases, send eye swabs for bacterial culture, viral PCR and PCR for GC.</li><li>• “Sticky eye” without inflammation is common and does not require antibiotic treatment. Regular cleaning with cooled boiled water should suffice.</li><li>• Seek advice if Group B haemolytic streptococcus is isolated.</li><li>• If the causative agent is Chlamydia trachomatis or Neisseria gonorrhoea, STI screen recommended for mother and partner - refer to Genitourinary Medicine Clinic.</li></ul> |  |
| Duration of Treatment   |  |
| See above.  |  |
| Infection   |  |
| Neonatal - Meningitis   |  |
| Likely Organisms  |  |
| Group B Streptococcus, E. coli, Listeria spp., other Gram-negatives, S. pneumoniae, Enterococcus spp., other Gram-positives   |  |
| Empiric Antimicrobial Treatment   |  |
| ICU Setting:  |  |
| See guidelines for early-onset sepsis or late-onset sepsis as indicated   |  |
| Community-Acquired Setting (applicable to ED5 <sup>th</sup> Floor):   |  |
| See guidelines for <a href="#">Paediatrics - community acquired sepsis in babies &lt; 8 weeks old</a>   |  |
| Comments  |  |
| <ul style="list-style-type: none"><li>• <b>N.B.</b> Always review empiric therapy after 48 hours in conjunction with C&amp;S results.</li><li>• <b>N.B.</b> If the baby does not respond to initial empiric treatment, contact Consultant Microbiologist for advice.</li></ul>  |  |
| Duration of Treatment   |  |
| Duration of treatment depends on causative organism:  |  |
| <ul style="list-style-type: none"><li>• Group B Streptococcus: Minimum 14 to 21 days</li><li>• Listeria: Minimum 21 days</li><li>• Aerobic gram negative infection: Minimum 21 days or 14 days post-sterilisation of CSF, whichever is longer</li><li>• Uncomplicated pneumococcal infection: Minimum 14 days</li><li>• Uncomplicated Haemophilus infection: Minimum 10 days</li><li>• Uncomplicated meningococcal infection: Minimum 7 days</li><li>• Other gram positive organism: Contact Consultant Microbiologist for advice.</li></ul>    |  |