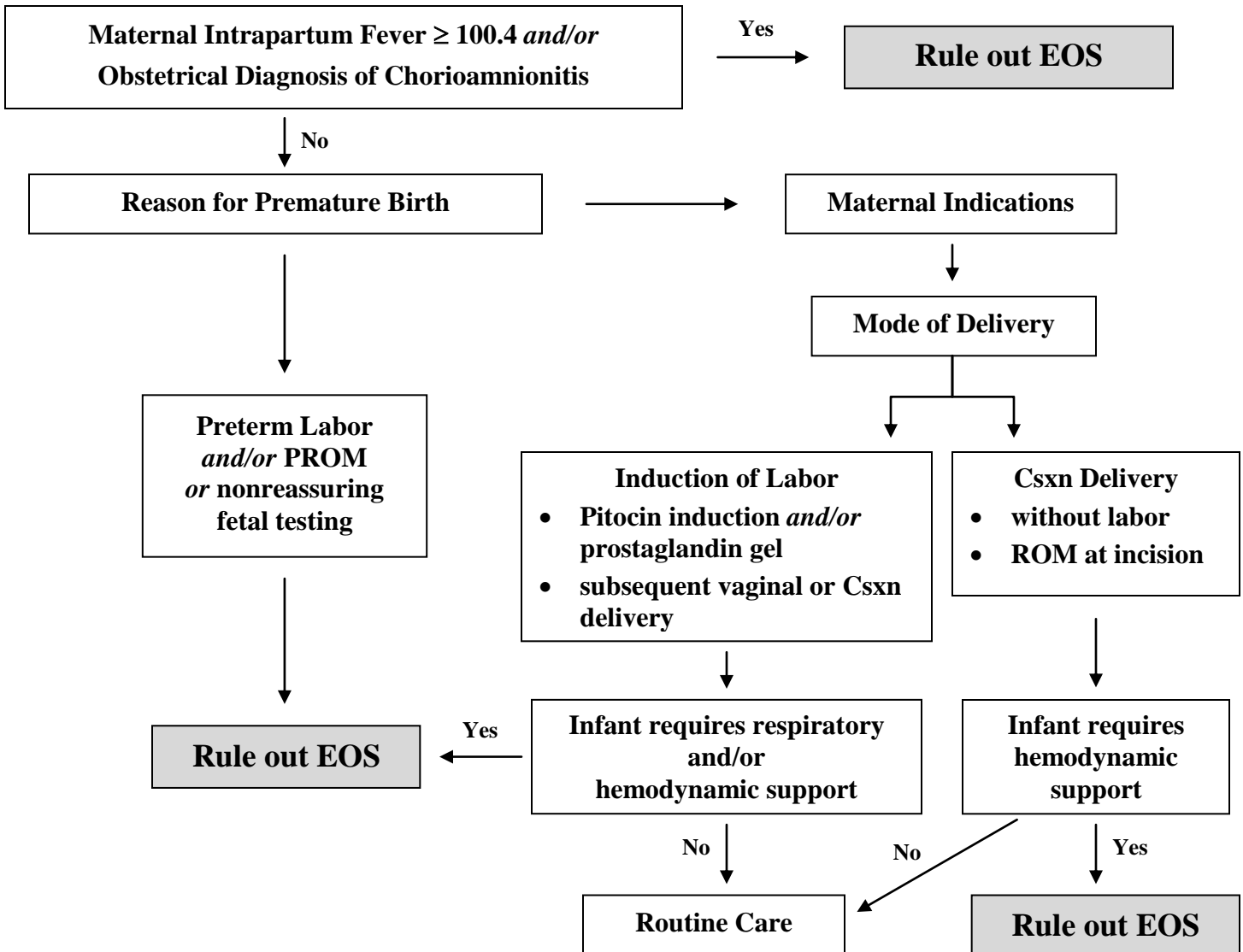


Guideline for Evaluation of Infants Born ≤ 34 Weeks Gestation for Risk of Early-Onset Sepsis



- **Maternal indications for preterm delivery:** pregnancy-induced hypertension; pre-eclampsia; other maternal medical condition (i.e., cancer, renal disease). Also include longstanding *in utero* fetal growth restriction, particularly in multiple gestations
- **Respiratory support:** supplemental oxygen for > 1 hour after birth; CPAP support; mechanical ventilation
- **Hemodynamic support:** volume administration or pressor support given for poor perfusion and/or low blood pressure for gestational age
- **Non-reassuring fetal testing:** testing prompted by concerns such as decreased fetal movement. This does not refer to fetal testing for indications such as maternal PET, mono-mono twins, etc.
- **Rule out EOS:** obtain blood culture and CBC/diff and antibiotics as below. **Routine Care** = no blood culture; CBC only if needed to address non-infectious concern (ie, anemia, or PET-induced neutropenia/thrombocytopenia, etc.)
- **Standard antibiotics to rule out EOS are ampicillin and gentamicin:** Consider the addition of *cefotaxime* pending blood culture results, if infant is hemodynamically unstable and any of the following are present:
 - PROM
 - Maternal treatment with any antibiotic for > 4 hrs PTD
 - Abnormal WBC indices (WBC < 5.0, ANC < 2000, and/or I/T > 0.3) not attributable to maternal pre-eclampsia or *in utero* growth restriction (birth weight < 10th percentile for gestational age)
 - Prolonged (>48 hrs) use of cephalosporins for culture-negative, presumed EOS is *strongly discouraged*