PEDIATRIC NEWBORN MEDICINE CLINICAL PRACTICE GUIDELINES

Guideline for Management of Asymptomatic Infants Born at ≥ 35 weeks Gestation at Risk of Early-Onset Sepsis: Using the Sepsis Risk Calculator

BWH

PARTNERS HEALTHCARE

Clinical Guideline Name	Clinical Practice Guideline
Effective Date	June 1, 2022
Approved By	Department of Pediatric Newborn Medicine Clinical Practice Council_____ CWN PPG _____ BWH SPP Steering _____ Nurse Executive Board/CNO___ **DUE FOR REVIEW June 2025**

I.   **Purpose:** To provide an updated guideline for the evaluation and treatment of asymptomatic newborns >/= 35 weeks gestation using the Neonatal Sepsis Risk Calculator.

II.   All CPGs will relay on the NICU Nursing Standards of Care. All relevant nursing PPGs are listed below.

   -CLB I.2 Care of the Newborn Infant in the Center for Labor and Birth
   https://hospitalpolicies.ellucid.com/documents/view/3168/active/

   -NICU/SCN B.1 Arterial and Venous Blood Drawing
   https://hospitalpolicies.ellucid.com/documents/view/3191/active/

   - NICU/SCN I.2 Intravenous Angiocatheter Placement
   https://hospitalpolicies.ellucid.com/documents/view/3210/active/

   -WNH I.2 Care of the Term Infant
   https://hospitalpolicies.ellucid.com/documents/view/3286/active/

   -WNH I.6 Care of the Late Preterm Infant and Infant less than 2500 grams
   https://hospitalpolicies.ellucid.com/documents/view/3289/active/

   -WNH M.1 Administration of medications to Infants

https://hospitalpolicies.ellucid.com/documents/view/3292/active/

-WNH T.4 Infant Transport
https://hospitalpolicies.ellucid.com/documents/view/3317/active/

-Rapid Response CPG contains how to contact DR 1/NICU triage RN.
https://www.bwhpikenotes.org/Departments_Centers/NewbornMedicine_NICU/documents/RRS.CPG.12.10.18_FINAL.pdf

III. **Scope**
   a. Indication: These guidelines apply to all **asymptomatic** infants born at a gestational age >/= 35 weeks at Brigham & Women's Hospital
   b. Contraindications to using the calculator
      i. GA < 35 weeks
      ii. Symptomatic or ill-appearing infants
         1. Respiratory:
            a. Respiratory rate persistently <30 or >70.
            b. Oxygen saturation <95% in room air.
            c. Dusky spell(s).
            d. Apnea/bradycardia.
            e. Respiratory distress (grunting, flaring, retractions).
         2. Neurologic:
            a. Seizures or seizure like activity.
            b. Lethargy/hypotonia/floppiness.
            c. New/unexplained focal weakness.
         3. Cardiovascular:
            a. Heart rate (HR) persistently <75 or >210.
         4. Other:
            a. Diffuse petechiae/vesicular eruptions.
            b. Unexplained pain, e.g., irritable persistent cry.

IV. **Guidelines:** Kaiser Newborn Sepsis Risk Calculator Overview
   a. An online tool which utilizes a multivariate risk prediction model to calculate the probability of early onset sepsis (EOS) in well-appearing newborns >/= 35 weeks gestation. https://neonatalsepsiscalculator.kaiserpermanente.org/
   b. Definition of well-appearing, equivocal vs. ill-appearing on Kaiser Calculator

Neonatal Early-Onset Sepsis Calculator
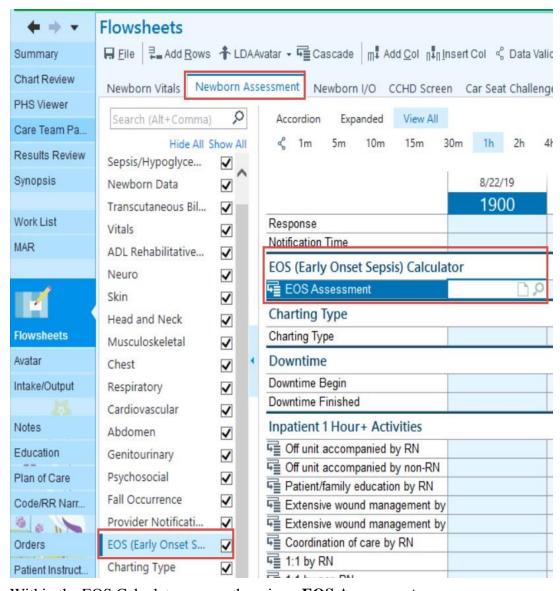
Home   Classification   References

Classification of Infant's Clinical Presentation

Clinical Exam	Description

Clinical Illness	1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room)
	2. Hemodynamic instability requiring vasoactive drugs
	3. Neonatal encephalopathy /Perinatal depression
	    • Seizure
	    • Apgar Score @ 5 minutes < 5
	4. Need for supplemental $O_2 \geq 2$ hours to maintain oxygen saturations > 90% (outside of the delivery room)

Equivocal	1. Persistent physiologic abnormality ≥ 4 hrs
	    • Tachycardia (HR ≥ 160)
	    • Tachypnea (RR ≥ 60)
	    • Temperature instability ($\geq 100.4°F$ or < 97.5°F)
	    • Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O_2
	2. Two or more physiologic abnormalities lasting for ≥ 2 hrs
	    • Tachycardia (HR ≥ 160)
	    • Tachypnea (RR ≥ 60)
	    • Temperature instability ($\geq 100.4°F$ or < 97.5°F)
	    • Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O_2
	
	Note: abnormality can be intermittent

Well Appearing	No persistent physiologic abnormalities

c. **ALL** infants born at Brigham & Women's Hospital with a **gestational age >/= 35 0/7 weeks** will have the Neonatal Early-Onset Sepsis Calculator performed by Labor and Delivery RN.

d. Infants with the following the following criteria are at higher risk of having an elevated EOS score.

    i.   Any infant with a gestational age between 35 0/7 – 36 6/7 weeks must have sepsis risk score performed regardless of presence or absence of any other risk criteria as listed in ii – vii.

    ii.   PROM >/= 18 hours

    iii.   Significant maternal fever (>/= 100.4) or intrauterine infection as determined by Obstetrical Providers

    iv.   Maternal GBS positive status and inadequate intrapartum antibiotics

        1. ADEQUATE GBS PROPHYLAXIS: Penicillin G, ampicillin, or cefazolin given >/= 4 hours prior to delivery

        2. INADEQUATE GBS PROPHYLAXIS: any antibiotic given < 4 hours prior to delivery **OR** any other antibiotic for any duration (e.g., vancomycin, clindamycin) regardless of sensitivities
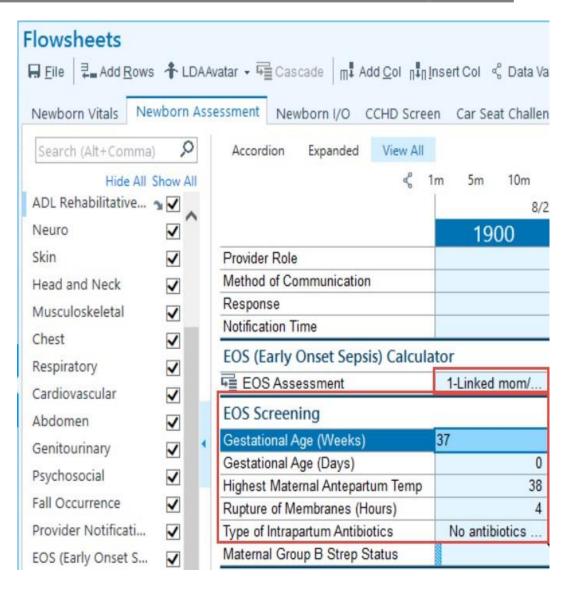
      v. GBS unknown

      vi. Maternal fever within one hour of delivery

      vii. ADDITIONAL NOTES:

         1. Maternal fever that occurs within one hour of delivery should be treated like intrapartum fever and the infant should be evaluated via the sepsis risk calculator.

         2. Women with a previous infant with GBS disease should receive intrapartum GBS prophylaxis.

         3. Blood cultures should be obtained per unit protocol.

         4. To facilitate family bonding and initiation of breastfeeding, the sepsis evaluation (if indicated by the calculator) can be delayed for up to one hour after birth, at the discretion of the obstetrical and neonatal caregivers.

e. Personnel: Sepsis Calculator screening will primarily be performed by L&D nursing staff; however, NICU staff and/or WBN staff may also run calculator if needed.

f. Baseline Incidence of EOS:

      i. BWH-specific for January 2018 – November 2018: 1 positive blood culture in 6533 live births for a rate of 0.153 per 1000 live births

      ii. CDC reports a national incidence of 0.5 per 1000 live births

      iii. Conservative approach → Use CDC estimate (**0.5 per 1000 live births**)

II. How to Use the Neonatal Sepsis Risk Calculator **(SEE PAGES 15 - 25: EPIC TIP SHEET)**

a. **NURSING:** Calculator

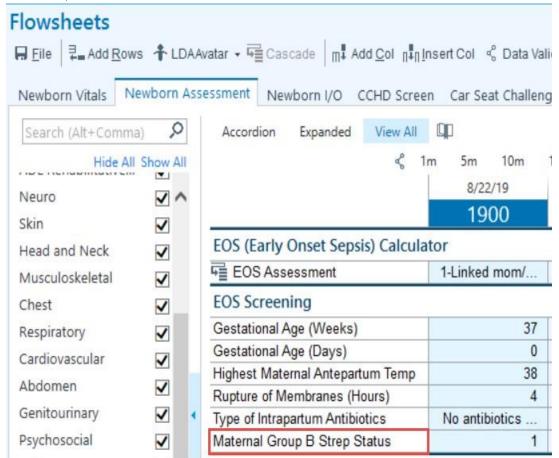   i. Access EOS (Early Onset Sepsis) Calculator from the **Newborn** or **NICU Assessment** Flowsheets

ii. Within the EOS Calculator group, there is an **EOS Assessment** row
1. 2 options: Linked mom/Pull data or Manual override
2. Use **Linked Mom/Pull Data** (only in rare situations will manual override be indicated)

iii. Within the EOS Screening, the Gestational age (in weeks), highest maternal antepartum temperature (in Centigrade), Rupture of Membranes (in hours, always rounded UP – e.g., if ROM occurred for 6 hours, 3 minutes → EMR rounds to 7 hours), and type of Intrapartum Antibiotics **automatically** files into chart. Of note, for incidence of EOS, the CDC risk of 0.5/1000 live births is the automatic default.

iv. Maternal GBS status must be **MANUALLY** entered (positive, negative, unknown).
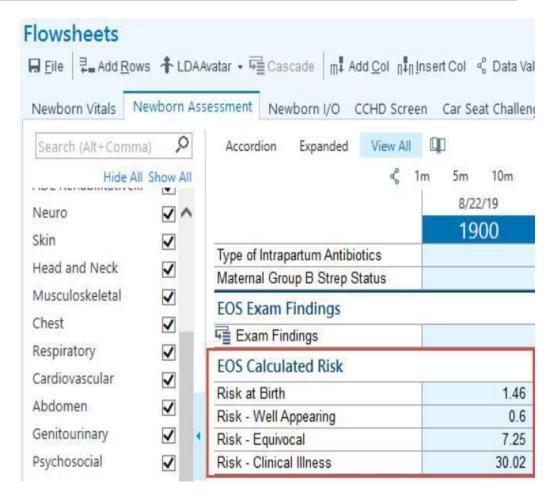
Flowsheets

File | Add Rows | LDAAvatar ▾ | Cascade | Add Col | Insert Col | Data Vali...

Newborn Vitals | Newborn Assessment | Newborn I/O | CCHD Screen | Car Seat Challeng...

Search (Alt+Comma)

Hide All Show All

Neuro	☑
Skin	☑
Head and Neck	☑
Musculoskeletal	☑
Chest	☑
Respiratory	☑
Cardiovascular	☑
Abdomen	☑
Genitourinary	☑
Psychosocial	☑

Accordion Expanded View All

1m 5m 10m

8/22/19

1900

EOS (Early Onset Sepsis) Calculator

EOS Assessment	1-Linked mom/...

EOS Screening

Gestational Age (Weeks)	37
Gestational Age (Days)	0
Highest Maternal Antepartum Temp	38
Rupture of Membranes (Hours)	4
Type of Intrapartum Antibiotics	No antibiotics ...
Maternal Group B Strep Status	1

08/22/19 1900

Maternal Group B Strep Status

1

Select Single Option: (F5)

0=Unknown

1=Positive

2=Negative

Comment (F6)

Flowsheet/Delivery Summary):		
Maternal GBS Status (from Mom labs):	**Recent Labs**	
		08/15/19
	GBS GROUP B STREP ANTIGEN EXTERNAL	Pos
General Intrapartum Antibiotic Guidelines:	*Broad Spectrum =* ampicillin and gentamicin or any antibiotic plus gentamicin given for concern for	

v. Once all rows have documentation/been completed, the EOS score will populate within the **EOS Calculated Risk** section.

vi. If the baseline "EOS risk @ birth" is < 0.7 and infant is well-appearing, then the following is to occur.
   1. Infant to receive q4 hr vital signs for a minimum of the first 24 hrs of life.
   2. Nursing assessments per protocol
   3. Physician assessments per protocol

vii. **If the baseline "EOS risk @ birth" is >/= 0.7, notify DR1.**

viii. **The newborn must have an exam performed by 1 hour of age. This exam may occur in the delivery room, so as to not separate the mother/newborn dyad.**

ix. DR1 in conjunction with an attending, fellow, or APP team member will examine infant to determine the further classification of infant's clinical presentation: well- appearing, equivocal, or clinical illness

x. If it is determined that the infant with "EOS risk at birth" >/= 0.7 is well-appearing, then:
    1. Follow clinical suggestions of calculator
    2. Vitals per NB policy should be followed (q4 hrs x 24 hrs as a minimum)
    3. Nursing assessments per protocol
    4. Physician assessments per protocol
xi. If it is determined that the infant with EOS risk at birth >/= 0.7 is equivocal-appearing, infant will be brought to NICU triage for monitoring and assessment or admitted to NICU as deemed clinically indicated. Automatic sepsis evaluation is not immediately mandated. Observation and assessment over time is needed to determine if findings on clinical exam are secondary to issues unrelated to sepsis (e.g., TTN)
xii. If it is determined that infant with EOS risk at birth >/= 0.7 is clinically ill-appearing, immediate admission to the NICU is indicated. Antibiotics should be strongly considered in this case.
xiii. In the scenario of a maternal fever within one hour of delivery with a well-appearing infant, LDR will re-calculate score on EOS calculator.

b. **PROVIDER:** Calculator
    i. Open **Admission Navigator** → click on **EOS (Early Onset Sepsis) calculator** section.
    ii. There is an **EOS Assessment** row
        1. 2 options: Linked mom/Pull data or Manual override
        2. Use **Linked Mom/Pull Data** (only in rare situations will manual override be indicated)
    iii. Within the EOS Screening, the Gestational age (in weeks), highest maternal antepartum temperature (in Centigrade), Rupture of Membranes (in hours, always rounded UP – e.g., if ROM occurred for 6 hours, 3

            minutes → EMR rounds to 7 hours), and type of Intrapartum Antibiotics **automatically** files into chart. Of note, for incidence of EOS, the CDC risk of 0.5/1000 live births is the automatic default.

    iv.   Maternal GBS status must be **MANUALLY** entered (positive, negative, unknown).

    v.   Once all rows have documentation/been completed, **open the Sidebar and search for Early Onset Sepsis Sidebar.**

    vi.   This report shows an EOS chart that pulls in data for clinical review.

    vii.   In **Exam Findings**, enter **well-appearing**. Then **close** the Navigator section. (If patient is equivocal or ill-appearing, infant should be brought to NICU triage for further monitoring and evaluation).

    viii.   The EOS risk score will be calculated and displayed.

    ix.   If the baseline "EOS risk @ birth" is < 0.7 and infant is well-appearing, then the following is to occur.

        1.   Infant to receive q4 hr vital signs for a minimum of the first 24 hrs of life.

        2.   Nursing assessments per protocol

        3.   Physician assessments per protocol

    x.   **If the baseline "EOS risk @ birth" is >/= 0.7, newborn exam must be performed and documented.**

    xi.   Initial exam may be performed in the delivery room.

    xii.   DR1 in conjunction with an attending, fellow, or APP team member will examine infant to determine the further classification of infant's clinical presentation: well- appearing, equivocal, or clinical illness

    xiii.   If it is determined that the infant with "EOS risk at birth" >/= 0.7 is well-appearing, then:

        1.   Follow clinical suggestions of calculator

        2.   Vitals per NB policy should be followed (q4 hrs x 24 hrs as a minimum)

        3.   Nursing assessments per protocol

        4.   Physician assessments per protocol

    xiv.   If it is determined the infant with EOS risk at birth >/= 0.7 is equivocal-appearing, infant will be brought to NICU triage for monitoring and assessment or admitted to NICU as clinically indicated.

Automatic sepsis evaluation is not immediately mandated. Observation and assessment over time is needed to determine if findings on clinical exam are secondary to issues unrelated to sepsis (e.g., TTN)

    xv. If it is determined that infant with EOS risk at birth >/= 0.7 is clinically ill-appearing, immediate admission to the NICU is indicated. Antibiotics should be strongly considered in this case.

III. Documentation
   a. The EOS score is automatically populated into the flowsheet.
   b. If score >/= 0.7, L&D nursing should document DR1 was notified.
   c. If score >/= 0.7 and infant is well-appearing, initial NB exam needs to be documented in EMR by MD/NNP/PA via a progress note.
   d. If score is >/= 0.7 and newborn's clinical status is equivocal or ill-appearing, standard Triage or NICU documentation is indicated.

IV. Antibiotic Usage: **If** it is determined a newborn will receive antibiotics STAT, ampicillin and gentamicin will be ordered by NICU LIP. Please refer to NICU DAG for administration guidelines.
   a. Ampicillin: http://www.bwhpikenotes.org/Departments_Centers/NewbornMedicine_NICU/documents/Ampicillin.pdf
   b. Gentamicin: http://www.bwhpikenotes.org/Departments_Centers/NewbornMedicine_NICU/documents/Gentamicin.pdf

V. Communication: DR1 will communicate all evaluations for infants with EOS >/= 0.7

VI. Reasoning for Utilization of the Neonatal Sepsis Risk Calculator: Reduction in Antibiotics Usage in Well-Appearing Newborns >/= 35 weeks gestation.
   a. Past BWH data → 2008/2009 BWH treated 8% of well-appearing infants >/=34 weeks gestation with antibiotics, while the incidence of EOS in those cases was 0.4/1000 live births.

b. BWH January 2018 – November 2018, 8.3% of well-appearing babies >/= 35 weeks gestation were treated with antibiotics. The incidence of EOS in these cases was 0.153/1000 live births.

c. Early antibiotic exposure in neonates (even 48 hours) has been associated with:

    i. Increased asthma

    ii. Allergic/autoimmune disease (IBD, arthritis, and multiple sclerosis)

    iii. Obesity

    iv. Neurodevelopmental sequelae (in mice models, longer antibiotic exposure increased aggression behaviors as well as impaired anxiety and social behaviors)

References

- Dhudasia MB, Mukhopadhyay S, Puopolo KM. Implementation of the Sepsis Risk Calculator at an Academic Birth Hospital. *Hospital Pediatrics* 2018;8:243- 250.
- Benitz WE, Wynn JL, Polin RA. Reappraisal of Guidelines for Management of Neonates with Suspected Early-Onset Sepsis. *JPediatr* 2016;166:1070-1074.
- Carola D, Vasconcellos M, Sloane A. et al. Utility of Early-Onset Risk Calculator for Neonates Born to Mothers with Chorioamnionitis. *JPediatr* 2017;195:48-52.
- Puopolo KM, Benitez WE, Zaoutis TE, AAP COMMITTEE ON FETUS AND NEWBORN, AAP COMMITTEE ON INFECTIOUS DISEASES. Management of Neonates Born at >/= 35 0/7 weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis. *Pediatrics* 2018;142(6):e20182894.
- Kuzniewicz MW, Walsh EM, Li S, Fischer A, Escobar GJ. Development and Implementation of an Early-Onset Sepsis Calculator to guide Antibiotic Management in Late Preterm and Term Neonates. *Jt Comm J Qual Patient Saf* 2016;42(5):232-239.
- Turta O, Rautava S. Antibiotics, obesity and the link to microbes – what are we doing to our children? *BMC Medicine* 2016;14:57-62.
- Schulfer A, Blaser M. Risks of Antibiotic Exposures Early in Life on the Developing Microbome. *PLoS Pathog* 11(7):e1004903.
- Cotton CM. Adverse Consequences of Neonatal Antibiotic Exposure. *Curr Opin Pediatr* 2016 April;28(2):141-149.
- Leclercq S et al. Low-does penicillin in early life induces long-term changes in murine gut microbiota, brain cytokines and behavior. *Nat Commun* 8,15062 doi:10.1038/ncomms15062(2017)
- Puopolo KM, Lynfield R, Cummings JJ, AAP COMMITTEE ON FETUS AND NEWBORN, AAP COMMITTEE ON INFECTIOUS DISEASES, Management of Infants at Risk for Group B Streptococcal Disease. *Pediatrics.* 2019;144(2):e20191881
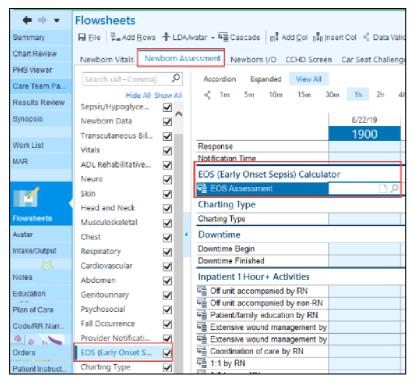
Partners *e*Care

Neonatal Early-Onset Sepsis (EOS)

This tip sheet is for clinicians using the Early-Onset Sepsis workflow in Epic.

EOS Assessment and Screening

The nurse can complete EOS documentation from the **Newborn and NICU Assessment Flowsheets.**

EOS Assessment

Within the **EOS (Early Onset Sepsis) Calculator** group, there is an **EOS Assessment** row.

1. Document either Linked mom/Pull data or Manual override.

   NOTE: You will likely always use **Linked Mom/Pull data** and only in rare situations use Manual override if mom is not admitted.

2. After documenting Linked mom/Pull data, the **EOS Screening** and **EOS Override Screening** groups cascade into the flowsheet.
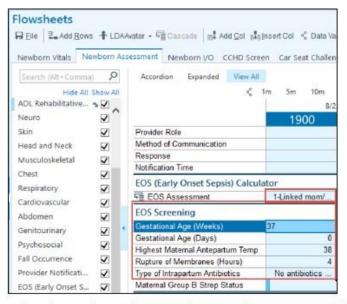
EOS Screening

1. Within the EOS Screening group, Gestational Age (Weeks), Highest Maternal Antepartum Temp, Rupture of Membranes (Hours), and Type of Intrapartum Antibiotics automatically file from the patient's chart:

16

Partners eCare

TIP SHEET

2. Within the Details Pane, the Row Information shows an EOS Grid that pulls in info for the clinician to review:

Keep in Mind...

- The GA is pulled from the Working EDD within the mother's Dating section.
- The Highest Maternal Antepartum Temp will pull the highest temperature up to 1-hour post birth. It will file in Celsius.
- Rupture of Membranes will round up to the nearest hour (Ex: Screenshot above: Actual ROM from details pane shows 1 hour 43 mins but flowsheet row rounds to 2).
- Antibiotics are pulled from mom's MAR and looks at type, time given and birth time.
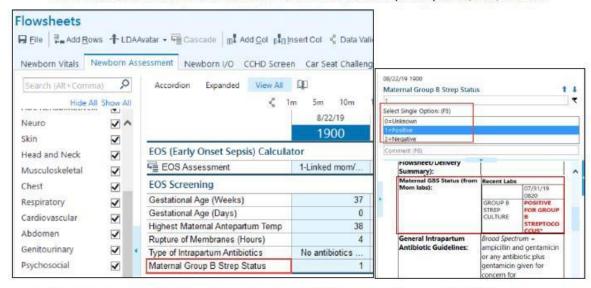
Partners *e*Care
TIP SHEET

3. ⚠ The only field that does not populate is the **Maternal Group B Strep Status**. Manually document the Maternal Group B Strep Status.

NOTE: The GBS section of the EOS Grid shows the last lab resulted Group B Strep result, date, and time:

4. Once all rows have documentation, the scores are populated within the **EOS Calculated Risk** group:

NOTE: These scores do **Not** file to the Grease Board view column. The Grease Board view is populated based on the Actual Risk and EOS Exam Findings.

EOS Override Screening

1. If you need to override a value after all rows are documented, document the value in the **EOS Override Screening** group:

18

Partners *e*Care

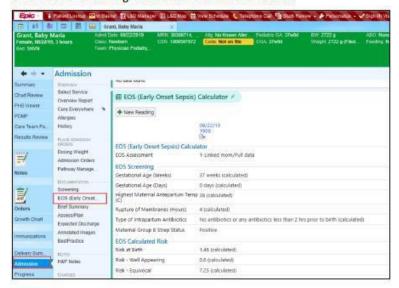2. The **EOS Calculated Risk** will then update based on the override screening.

NOTE: You will need to document all values, including override, within a singular time column on the flowsheet for the Calculated Risk scores to populate.

EOS Exam Findings and Actual Risk

⚠️ **NOTE:** If the nurse documents **EOS exam findings** at your hospital, skip this section and Go to page 8: "Per Policy...Exam Findings (Nurse)."

1. The Provider can open the **Admission navigator> EOS (Early Onset Sepsis) Calculator** section to document exam findings and view calculated Actual Risk.

Role(s): Newborn/NICU RNs, Clinicians

Partners eCare

TIP SHEET

NOTE: All rows need to have documentation in order to calculate Actual Risk.

2. Click to open the Section. Verify **Last Filed** is selected to view nurse's previous documentation.

3. Click **Linked mom/Pull data** (or rarely, Manual override if necessary).

   a. Notice values for **GA, Highest Maternal Temp, and Rupture of Membranes** pull in automatically based off documentation in chart.

4. Document **Maternal Group B Strep Status.**

   a. Hint: can use nurse's previous documentation.

5. Enter any Override values, if necessary.

20

Partners *eCare*

TIP SHEET

6. Open the Sidebar and Search for the **Early Onset Sepsis Sidebar:**

7. This report shows an **EOS Grid** that pulls in patient info for the clinician to review:

Exam Findings and Actual Risk

1. In the **Exam Findings** section, enter Well Appearing, Equivocal or Clinical Illness:

Partners eCare

TIP SHEET

2. **Close** the navigator section. The **Actual Risk** based on Exam is calculated.
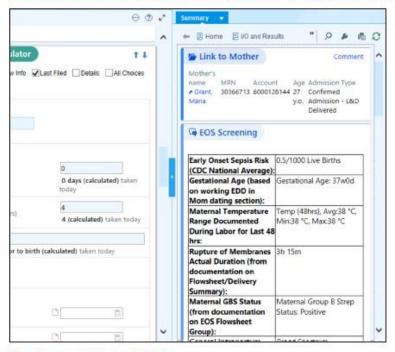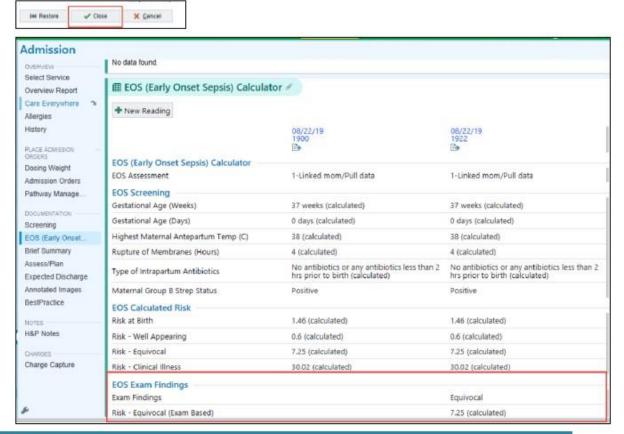
Int Restore	✔ Close	✘ Cancel

Admission

OVERVIEW
Select Service
Overview Report
Care Everywhere
Allergies
History

PLACE ADMISSION ORDERS
Dosing Weight
Admission Orders
Pathway Manage...

DOCUMENTATION
Screening
EOS (Early Onset...
Brief Summary
Assess/Plan
Expected Discharge
Annotated Images
BestPractice

NOTES
H&P Notes

CHARGES
Charge Capture

No data found

⊞ **EOS (Early Onset Sepsis) Calculator** ✎

➕ New Reading

	08/22/19 1900	08/22/19 1922
EOS (Early Onset Sepsis) Calculator		
EOS Assessment	1-Linked mom/Pull data	1-Linked mom/Pull data
EOS Screening		
Gestational Age (Weeks)	37 weeks (calculated)	37 weeks (calculated)
Gestational Age (Days)	0 days (calculated)	0 days (calculated)
Highest Maternal Antepartum Temp (C)	38 (calculated)	38 (calculated)
Rupture of Membranes (Hours)	4 (calculated)	4 (calculated)
Type of Intrapartum Antibiotics	No antibiotics or any antibiotics less than 2 hrs prior to birth (calculated)	No antibiotics or any antibiotics less than 2 hrs prior to birth (calculated)
Maternal Group B Strep Status	Positive	Positive
EOS Calculated Risk		
Risk at Birth	1.46 (calculated)	1.46 (calculated)
Risk - Well Appearing	0.6 (calculated)	0.6 (calculated)
Risk - Equivocal	7.25 (calculated)	7.25 (calculated)
Risk - Clinical Illness	30.02 (calculated)	30.02 (calculated)
EOS Exam Findings		
Exam Findings		Equivocal
Risk - Equivocal (Exam Based)		7.25 (calculated)

You Can Also...

Use the Flowsheets link within the Report view to document on the EOS flowsheet.

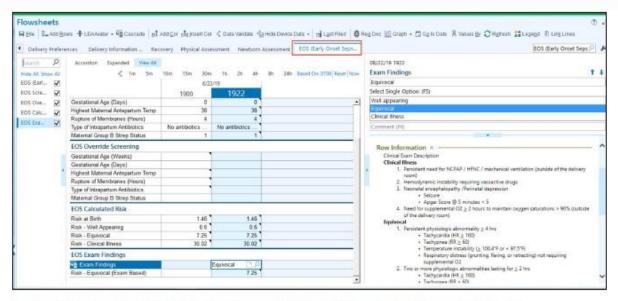1. With the navigator section closed, click the **Flowsheets** link:

Admission

Overview
Select Service
Overview Report
Care Everywhere
Allergies
History

PLACE ADMISSION ORDERS
Dosing Weight
Admission Orders
Pathway Manage...

DOCUMENTATION
Screening
EOS (Early Onset...
Brief Summary

No data found

⊞ **EOS (Early Onset Sepsis) Calculator** ✎   Flowsheets

➕ New Reading

	08/22/19 1900	Last Filed Value
EOS (Early Onset Sepsis) Calculator		
EOS Assessment	1-Linked mom/Pull data	1-Linked mom/Pull data
EOS Screening		
Gestational Age (Weeks)	37 weeks (calculated)	37 weeks (calculated)
Gestational Age (Days)	0 days (calculated)	0 days (calculated)
Highest Maternal Antepartum Temp (C)	38 (calculated)	38 (calculated)
Rupture of Membranes (Hours)	4 (calculated)	4 (calculated)

2. This opens the **EOS (Early Onset Sepsis) Calculator Flowsheet.**

3. Here you can document Linked Mom/Pull Data, enter Maternal Group B Strep Status, and EOS Exam Findings. Click File to view calculations.

Partners eCare

TIP SHEET
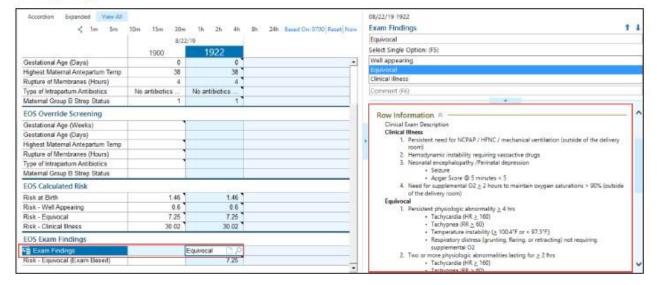

4. Use the back arrow under the Patient Header to go back to the Admission Navigator, if necessary:

Per Policy...Exam Findings (Nurse)

If it is site policy that a **nurse** document exam findings, the nurse can use the **EOS Exam Findings** group within the Flowsheets.

NOTE: The Details Pane>Row Information will show descriptions for the terms, **Clinical Illness, Equivocal,** and **Well appearing.**
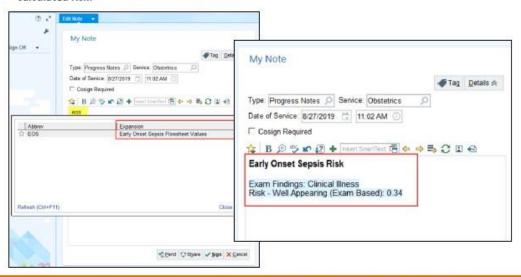
Partners eCare

L&D Grease Board

This Exam based Finding and Risk score populate the **Exam Finding/Risk Score** column of the Grease Board views:
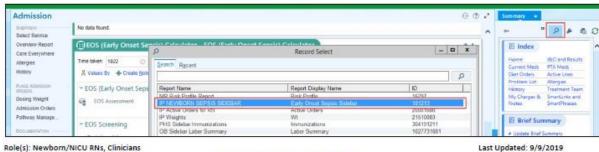

Smartlink

1. Use .eos within any note to pull in the Neonatal Sepsis Onset Findings: **Exam findings and Exam calculated risk:**

Early Onset Sepsis Report and Clinical Recommendations

The **Early Onset Sepsis Sidebar (IP NEWBORN SEPSIS SIDEBAR)** report will show Calculated Risks and Recommendations in red, orange, and white.

1. Search for the Early Onset Sepsis Sidebar using the selection tool of the sidebar

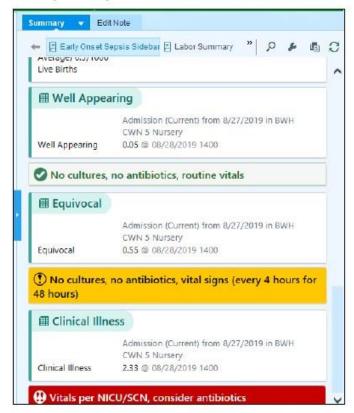   *HINT:* Search using the word "sepsis" to make it easier to find.

Role(s): Newborn/NICU RNs, Clinicians
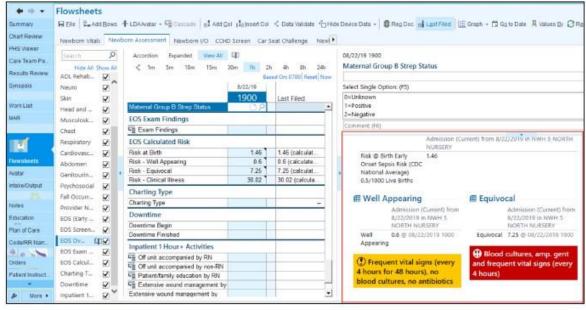
Partners eCare   **TIP SHEET**

2. The **Early Onset Sepsis Sidebar** shows calculated risks and color-coded recommendations:

3. Nurses can also view this information from within the **Details Report Pane** within the Flowsheet group.

Role(s): Newborn/NICU RNs, Clinicians   Last Updated: 9/9/2019

25

Partners eCare

TIP SHEET

Newborn Summary and Newborn Patient Story

1. The EOS Screening results can also be found within the **Newborn Summary** and **Newborn/NICU Patient Story** reports: