



World Sepsis Day - September 13 One Day - One Vision - All Year Effort



SPOT NEONATAL SEPSIS

Any neonate with suspected infection, manifest by fever ($> 38.5^{\circ}\text{C}$) or hypothermia ($< 36.0^{\circ}\text{C}$), who has any of the following...

- abnormal behavior
- rapid or feeble pulse
- mottled or cold extremities
- respiratory rate ($\text{RR} > 60$) or severe respiratory distress
- convulsions or bulging fontanelle
- poor feeding or no sucking
- diarrhea

...might have sepsis.

Act fast when sepsis is suspected.

Mortality increases every hour.



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TREAT NEONATAL SEPSIS AS AN EMERGENCY - **Within 1 Hour**

- Intra-osseous or vascular access
- Blood cultures (IV/IO) - *only if it does not delay antibiotics*
- Broad spectrum IV/IO antibiotics
- Measure lactate
- Fluid boluses of 10 - 20 mL/kg isotonic crystalloid over 30 - 60 minutes
- If perfusion does not improve, consider repeating to max. 40 mL/kg
- Reassess after each bolus, stop for pulmonary edema or hepatomegaly
- Give high flow oxygen, goal $\text{SaO}_2 > 95\%$
(*intubation may be necessary*)

If shock is refractory to fluids,
infuse epinephrine (0.05 - 0.3 $\mu\text{g}/\text{kg}/\text{min}$) and seek expert help.

Goals:

- Capillary refill ≤ 2 sec.
- Urine output > 1 mL/kg/hr
- Normal pulses
- Normal mental status
- Normal heart rate

If neonate remains in shock, please initiate transfer to a facility with experience in treating septic shock.



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