Late Onset Sepsis Algorithm for Suspected Bacterial Sepsis

Suspected Late Onset Sepsis

Obtain CBC, CRP, and Peripheral Blood Culture. Consider Procalcitonin. Obtain urine culture and urine analysis (Consider CSF culture). Start Gentamicin and Oxacillin empirically. Consider past culture results, antibiotic exposure and suspected focus of infection. Consider Vancomycin and Ceftazidime if infant has hemodynamic instability needing vasopressors or CBC shows leukopenia.

Blood Culture no growth at 36 hours

Clinically stable

D/C Antibiotics

Clinically unstable

Repeat Blood Culture. Consider CSF Culture (if not done earlier). ID consult

Culture positive with Gram positive Organism

Repeat Culture (Peripheral and from Central lines if present)

Add Vancomycin until organism is identified

D/C Gentamicin

Consult ID if infant is already on Vancomycin and Ceftazidime

Organism identified as CoNS in initial culture

Repeat Blood Culture no growth at 36 hours

Consider D/C Antibiotics

Organism identified is not CoNS in initial culture

ID Consult

Culture positive with Gram negative Organism

Repeat Culture

Obtain CSF culture (if not done earlier)

ID Consult

D/C Oxacillin/Vancomycin

Treat with Ceftazidime and Gentamicin until organism is identified

Narrow treatment to appropriate agent based on susceptibilities

ID Consult

D/C Oxacillin/Vancomycin

Treat with Ceftazidime and Gentamicin until organism is identified

Narrow treatment to appropriate agent based on susceptibilities