



Neonatal Infection Treatment Considerations (0-28 days)

Consult Infectious Diseases if concern for meningitis, bacteremia, HSV, UTI with Multi-Drug Resistant (MDR) organism, or UTI with complications

≤21 day old:

- If CSF is suggestive of bacterial meningitis:
 - In addition to ampicillin, gentamicin and acyclovir, **add** ceftazidime IV:
 - 150 mg/kg/day div q8hr
 - *Note: if patient is less than 2000 g in weight, Infectious Diseases to help direct dosing*
 - If gentamicin is expected to be used for >72 hours, follow pharmacist protocol for monitoring

Well-appearing 22-28 day old:

- If well-appearing and concern for UTI only:
 - Ceftriaxone IV/IM 50 mg/kg/day div q24hr
 - If urine culture grows *Enterococcus*: **change** to ampicillin 100 mg/kg/day div q6hr
 - Adjust antibiotics according to sensitivities of organism
 - Treatment duration considerations:
 - Mild pyelonephritis with rapid response to antibiotics: 7 days
 - Severe pyelonephritis with delayed response to antibiotics: 10 days
 - Pyelonephritis complicated by intrarenal or perinephric abscess: at least 14 days, to be followed by Infectious Diseases
- If LP is obtained and suggestive of bacterial meningitis:
 - Start **all 3 antimicrobials** below:
 - Ampicillin IV/IM 300 mg/kg/day div q6hr **and**
 - Gentamicin 4 mg/kg/day div q24hr **and**
 - Ceftriaxone IV/IM 100 mg/kg/day div q12hr

Ill-appearing 22-28 day old:

- If gram negative bacterial meningitis is proven:
 - In addition to ampicillin, ceftriaxone and acyclovir, **add** gentamicin 4 mg/kg/day div q24hr