



**Abbreviations:**

CBC = complete blood count  
&= and  
CSF= cerebral spinal fluid  
IV= intravascular  
GI= gastrointestinal  
CRP= C-reactive protein  
CoNS= coagulase negative staphylococcus  
E.g.= example  
dd = day  
mm = month  
ID= infectious disease  
q= every  
NEC= necrotizing enterocolitis

**Foot notes:**

1. For GI perforation add metronidazole
2. For oxacillin-resistant CoNS infection use vancomycin (persistent CONS infection often associated with thrombocytopenia)
3. Central line removal is important for clearance of central-line associated blood stream infections
4. If blood culture positive change IV components to hub
5. Change antibiotics after taking second blood culture if clinical status is unstable or deteriorating
6. E.g. hypotension, poor perfusion, NEC, spontaneous intestinal perforation

**This guideline outlines the approach to the management of late-onset sepsis in NICU patients. It is not intended as a substitute for clinical judgment.**

**If any specific questions, please contact the Neonatologist.**