

Scope

This guideline is aimed at all Health care professionals involved in the care of infants within the Neonatal Service.

Legal Liability (standard UHL statement)

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional, it is fully appropriate and justifiable - such decisions to be fully recorded in the patient's notes

Related UHL documents

Document	ID Number (if applicable) or Appendix No.
Antibiotic Guideline for early-onset & late-onset neonatal infection	B14/2009

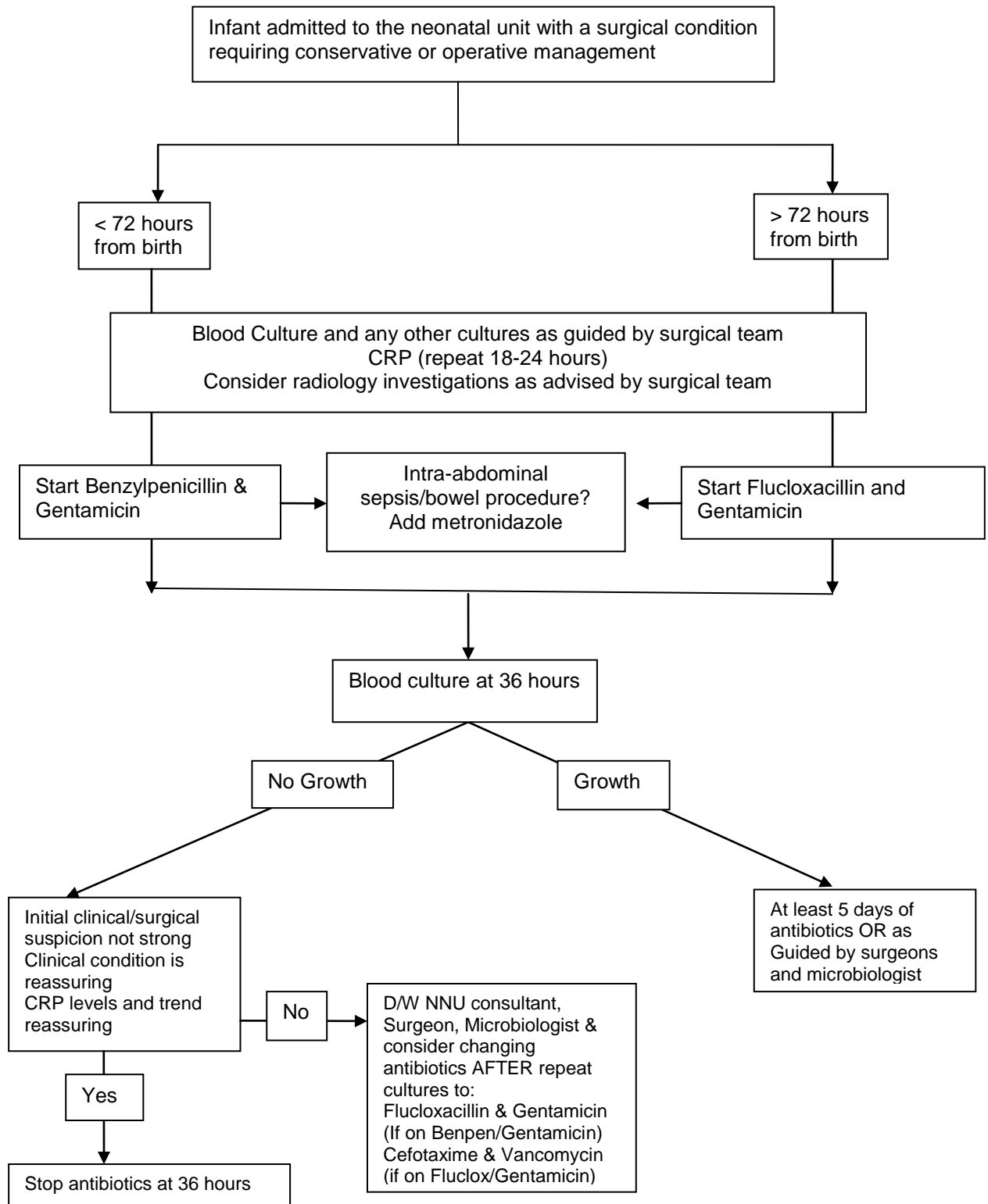
Background

Prophylaxis refers to the prevention of an infection and can be characterized as primary prophylaxis (prevention of an initial infection), secondary prophylaxis (prevention of recurrence or reactivation of a preexisting infection), or eradication (elimination of a colonized organism). Infection refers to invasion and multiplication of micro-organisms that are not normally present in the body. There is lack of neonatal data to guide appropriate antibiotic choice and duration for surgical prophylaxis and infection. Thus the rationale for antibiotic choice for surgical prophylaxis and infection is based on existing antibiotic choice for early-onset and late-onset sepsis. This guideline focuses on antimicrobials for primary perioperative prophylaxis and management of neonatal infections related to surgery (Refer to Chart 1).

Key Point

The antibiotic choice for surgical prophylaxis and infection relates to the antibiotics recommended for use in early-onset and late-onset neonatal infections.

Chart 1: Antibiotic policy for Surgical Prophylaxis for infants admitted with a surgical condition



Common surgical pathogens

The antimicrobial agent chosen should have activity against the most common surgical-site pathogens. The predominant organisms causing surgical site infections (SSIs) after clean procedures are skin flora, including *S. aureus* and coagulase-negative staphylococci (e.g., *Staphylococcus epidermidis*) [1]. In clean-contaminated procedures, including abdominal procedures and heart, kidney, and liver transplantations, the predominant organisms include gram-negative rods and enterococci in addition to skin flora.

Audit standards

1. Intravenous Benzylpenicillin and gentamicin (+/- metronidazole) are used in the first 72 hours (100%)
2. Intravenous Flucloxacillin and Gentamicin (+/- metronidazole) are used after 72 hours (100%)

Reference

1. Hidron AI, Edwards JR, Patel J, et al. for the National Healthcare Safety Network Team and participating National Healthcare Safety Network facilities. Antimicrobial-resistant pathogens associated with healthcare-associated infections: annual summary of data reported to the National Healthcare Safety Network at the Centers for Disease Control and Prevention, 2006– 2007. *Infect Control Hosp Epidemiol.* 2008; 29:996–1011.

Guideline Development

Jan 2009	Previous registered guideline date
Dec 2013	Resubmitted version of guideline
4/2/2014	Neonatal Guidelines Meeting
4/3/2014	Neonatal Guidelines Meeting
1/4/2014	Neonatal Guidelines Meeting
April 2014	Guideline Subdivided (VK)
20/5/2014	Neonatal Governance Meeting (ratified)
20/5/2014	Antimicrobial Working Group
15/10/2014	Editorial changes and formatting
Oct 2014	Planned Resubmission to Antimicrobial Working Group
Sept 2015	Minor editorial changes (REM - Neonatal Guideline Lead)
Jun 2018	Guidelines Meeting and Antimicrobial Working Group representative - Agreement to renew for one year until changes made to gentamicin prescribing and other neonatal antimicrobial guidelines