



Socratic Room ABX2018

Clinical Scenario

36 hour old female infant – ex-FT born via uncomplicated NSVD to G2P2 mom with no PMH – is experiencing new-onset respiratory distress. Baby is otherwise feeding every 2-3 hours and producing adequate urine and stool output.

T	HR	RR	BP	SpO ₂
38.5	79	46	82/55	86%

Physical Exam

Well-developed newborn in no acute distress. RRR. CTAB. No rash or jaundice.

Workup

12.0 / 20.1 / 99
61.8

Seg 53 Bands 17 Lym 30

- CSF: WNL
- UA: WNL
- CXR: WNL
- Resp viral PCR: neg
- BCx: pending

Of the following, the most appropriate empiric antibiotic regimen for this patient is:

- A. Cefotaxime + Vancomycin
- B. Cefotaxime + Acyclovir
- C. Ampicillin + Gentamicin
- D. Ampicillin + Gentamicin + Acyclovir
- E. Ceftriaxone



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Of the following, the most appropriate empiric antibiotic regimen for this patient is:

Vanc not indicated in well-appearing baby with stable VS

*A. ~~Ceftriaxone + Vancomycin~~
Clinical scenario not consistent with neonatal HSV disease*

*B. ~~Ceftriaxone + Acyclovir~~
Recommended abx for neonatal early-onset sepsis, i.e. 0-72 hours old*

*C. Ampicillin + Gentamicin
Clinical scenario not consistent with neonatal HSV disease*

D. ~~Ampicillin + Gentamicin + Acyclovir~~

*E. ~~Ceftriaxone~~
Avoid use with infants less than <28 days old*



Bugs & Drugs Rapid Review

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R_x Use **ampicillin** and **gentamicin** for neonatal early-onset (<72h) sepsis

Gestational + Chronological Age	Chronological Age (current day of life)	Dose* (mg/kg)	Dosing Frequency* (hours)
<29 weeks	0-28	50	q 12
	>28	50	q 8
30-36 weeks	0-14	50	q 12
	>14	50	q 8
37-44 weeks	0-7	50	q 12
	>7	50	q 8
>45 weeks	ALL	50	q 6

Gestational + Chronological Age	Chronological Age (current day of life)	Dose* (mg/kg)	Dosing Frequency* (hours)
<29 weeks	0-7	5	q 48
	8-28	4	q 36
30-34 weeks	>29	4	q 12
	0-7	4.5	q 36
>35 weeks	>8	4	q 24
	ALL	4	q 24

**Use Neofax for dosing*

antibiotic card

04-20-2018

SIGNATURE

DATE