Table 1: NEONATAL antibiotic prescribing when NO OBVIOUS SOURCE OF INFECTION

<table>
<thead>
<tr>
<th>Age Range</th>
<th>First Dose Empirical Intravenous (IV) or Intraosseous (IO) Antibiotic Regimen</th>
<th>First Dose Empirical Intravenous (IV) or Intraosseous (IO) Antibiotic Regimen</th>
<th>First Dose Empirical Intramuscular (IM) Antibiotic Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 7 days age</td>
<td><strong>cefotaxime</strong> 50mg/kg/dose IV/IO, 12-hourly <strong>PLUS</strong> gentamicin 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly <strong>PLUS</strong> ampicillin 50mg/kg/dose IV/IO, 8-hourly <strong>PLUS</strong> aciclovir 20mg/kg/dose IV/IO, 8-hourly</td>
<td><strong>cefotaxime</strong> 50mg/kg/dose IV/IO, 8-hourly <strong>PLUS</strong> gentamicin 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly <strong>PLUS</strong> ampicillin 50mg/kg/dose IV/IO, 6-hourly <strong>PLUS</strong> aciclovir 20mg/kg/dose IV/IO, 8-hourly</td>
<td><strong>cefotaxime</strong> 50mg/kg/dose IM, 12-hourly (age &lt; 7 days) <strong>OR</strong> 8-hourly (age 7-28 days) <strong>PLUS</strong> gentamicin 5mg/kg/dose IM, 24-hourly <strong>PLUS</strong> ampicillin 50mg/kg/dose IM, 6-hourly (age &lt; 7 days) <strong>OR</strong> 6-hourly (age 7-28 days) <strong>PLUS</strong> aciclovir CANNOT be given intramuscularly</td>
</tr>
<tr>
<td>7-28 days age</td>
<td><strong>CEFOTAXIME</strong> 50mg/kg/dose IV/IO, 12-hourly <strong>PLUS</strong> GENTAMICIN 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly <strong>PLUS</strong> AMPICILLIN 50mg/kg/dose IV/IO, 8-hourly <strong>PLUS</strong> ACICLOVIR 20mg/kg/dose IV/IO, 8-hourly</td>
<td><strong>CEFOTAXIME</strong> 50mg/kg/dose IV/IO, 8-hourly <strong>PLUS</strong> GENTAMICIN 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly <strong>PLUS</strong> AMPICILLIN 50mg/kg/dose IV/IO, 6-hourly <strong>PLUS</strong> ACICLOVIR 20mg/kg/dose IV/IO, 8-hourly</td>
<td><strong>CEFOTAXIME</strong> 50mg/kg/dose IM, 12-hourly (age &lt; 7 days) <strong>OR</strong> 8-hourly (age 7-28 days) <strong>PLUS</strong> GENTAMICIN 5mg/kg/dose IM, 24-hourly <strong>PLUS</strong> AMPICILLIN 50mg/kg/dose IM, 6-hourly (age &lt; 7 days) <strong>OR</strong> 6-hourly (age 7-28 days) <strong>PLUS</strong> ACICLOVIR CANNOT be given intramuscularly</td>
</tr>
</tbody>
</table>

**Intramuscular (IM) administration** indicated ONLY FOR SHORT TERM USE if unable to obtain intravenous, umbilical or intraosseous access.

**Notes for Table 1:**
- If renal failure is present, dosages and intervals of antibiotics may need to be adjusted especially for vancomycin, gentamicin and penicillin drugs.
- All antibiotic dosing in neonates relates to birth weight. Where scales are available the baby should be bare weighed. If no scales available the weight can be estimated by the paediatrician or neonatologist. When in doubt call NETS 1300 36 2500 for adequate dosing and management.
- Obtain 1mL of blood for blood culture (aerobic bottle) before administering antibiotics if possible (0.5mL absolute minimum for blood culture).
- Obtain other clinical specimens as appropriate but do not delay administration of antibiotics or wait for results of investigations.
- All neonates with presumed or suspected sepsis should be discussed with a consultant Paediatrician or Neonatologist. If not available call NETS NSW phone 1300 36 2500 for urgent advice.
- Always obtain expert advice about further investigation and treatment if blood culture or CSF cultures become positive.
Table 2: NEONATAL antibiotic prescribing when SOURCE OF INFECTION IS SUSPECTED OR KNOWN

Notes – see numbers in table text below:
1. Consider aciclovir if severe sepsis, pneumonia, meningitis, seizures, hepatitis or if skin vesicles or ulceration present.
2. Consider adding clindamycin if high risk for community acquired MRSA.
3. Add vancomycin if severe sepsis 15mg/kg/dose 12 hourly (less than 7 days age) or 8 hourly (7-28 days age).

<table>
<thead>
<tr>
<th>Apparent source of sepsis</th>
<th>FIRST DOSE empirical intravenous (IV) or intraosseous (IO) antibiotic regimen</th>
<th>FIRST DOSE empirical intravenous (IV) or intraosseous (IO) antibiotic regimen</th>
<th>FIRST DOSE empirical intramuscular (IM) antibiotic regimen</th>
</tr>
</thead>
</table>
| Meningitis / encephalitis | **cefotaxime** 50mg/kg/dose IV/IO, 12-hourly  
PLUS **ampicillin** 50mg/kg/dose IV/IO, 8-hourly  
PLUS **aciclovir** 20mg/kg/dose IV/IO 8-hourly | **cefotaxime** 50mg/kg/dose IV/IO, 8-hourly  
PLUS **ampicillin** 50mg/kg/dose IV/IO, 6-hourly  
PLUS **aciclovir** 20mg/kg/dose IV/IO 8-hourly | **cefotaxime** 50mg/kg/dose IM, 8 or 12-hourly  
PLUS **ampicillin** 50mg/kg/dose IM, 8-hourly (age < 7 days)  
OR 6-hourly (age 7-28 days)  
**acyclovir** CANNOT be given intramuscularly |
| Pneumonia  
*Refer to note (1) above* | **benzylpenicillin** 60mg/kg/dose IV/IO, 12-hourly  
PLUS **gentamicin** 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly  
PLUS **azithromycin** 10mg/kg/dose IV/IO, 24-hourly (if considering chlamydia or pertussis) | **benzylpenicillin** 60mg/kg/dose IV/IO, 6-hourly  
PLUS **gentamicin** 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly  
PLUS **azithromycin** 10mg/kg/dose IV/IO, 24-hourly (if considering chlamydia or pertussis) | **benzylpenicillin** 60mg/kg/dose IM, 12-hourly (age < 7 days)  
OR 6-hourly (age 7-28 days)  
**azithromycin** CANNOT be given intramuscularly |
| Urinary tract infection | **ampicillin** 50mg/kg/dose IV/IO, 8-hourly  
PLUS **gentamicin** 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly | **ampicillin** 50mg/kg/dose IV/IO, 6-hourly  
PLUS **gentamicin** 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly | **ampicillin** 50mg/kg/dose IM, 8-hourly (age < 7 days)  
OR 6-hourly (age 7-28 days)  
PLUS **gentamicin** 5mg/kg/dose IM, 24-hourly |
**Table 2: NEONATAL antibiotic prescribing SOURCE OF INFECTION IS SUSPECTED OR KNOWN (cont.)**

<table>
<thead>
<tr>
<th>Apparent source of sepsis</th>
<th>FIRST DOSE empirical intravenous (IV) or intraosseous (IO) antibiotic regimen</th>
<th>FIRST DOSE empirical intravenous (IV) or intraosseous (IO) antibiotic regimen</th>
<th>FIRST DOSE empirical intramuscular (IM) antibiotic regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 7 days</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cellulitis or omphalitis</em></td>
<td>flucloxacillin 50mg/kg/dose IV/IO, 12-hourly</td>
<td>flucloxacillin 50mg/kg/dose IV/IO, 6-hourly</td>
<td>flucloxacillin 50mg/kg/dose IM, 12-hourly (age&lt; 7 days) OR 6-hourly (age 7-28 days)</td>
</tr>
<tr>
<td><em>Refer to notes (2),(3) above</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7-28 days age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Osteomyelitis/septic arthritis</em></td>
<td>flucloxacillin 50mg/kg/dose IV/IO, 12-hourly</td>
<td>flucloxacillin 50mg/kg/dose IV/IO, 6-hourly</td>
<td>flucloxacillin 50mg/kg/dose IM, 12-hourly (age&lt; 7 days) OR 6-hourly (age 7-28 days)</td>
</tr>
<tr>
<td><em>Refer to notes (2),(3)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intra-abdominal infection</strong></td>
<td>gentamicin 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly PLUS ampicillin 50mg/kg/dose IV/IO, 8-hourly PLUS metronidazole 15mg/kg IV/IO as a loading dose then 7.5mg/kg/dose IV/IO 12-hourly This is given 12 hours after the loading dose.</td>
<td>gentamicin 5 MINUTE PUSH 5mg/kg/dose IV/IO, 24-hourly PLUS ampicillin 50mg/kg/dose IV/IO, 6-hourly PLUS metronidazole 15mg/kg/dose IV/IO, 12-hourly</td>
<td>gentamicin 5mg/kg/dose IM, 24-hourly PLUS ampicillin 50mg/kg/dose IM, 8-hourly (age &lt; 7 days) OR 6-hourly (age 7-28 days) PLUS clindamycin 5mg/kg/dose IM, 8-hourly (age &lt; 7 days) OR 6-hourly (age 7-28 days)</td>
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</tbody>
</table>
