

## Appendix 1: Guidance for non-initiation of antibiotics in low-risk cases

For babies admitted to NICU at Singleton Hospital only, consider withholding antibiotics with enhanced monitoring in following scenarios

**(Only applicable for babies admitted to the NICU in first 24 hours of life).**

*Babies should meet all of the criteria below in each of their gestational age categories*

≥ 34 weeks gestation	≥ 32 weeks gestation	≥ 30 weeks gestation
Respiratory distress in keeping with gestational age	All of criteria of ≥ 34 weeks gestation	All of criteria of ≥ 32 weeks gestation
No history of chorioamnionitis or sepsis in mother	No pre-labour rupture of membranes	Baby delivered by section for maternal reasons (e.g. PET, APH)
No previous siblings affected by GBS		
If GBS isolated from HVS, Mother must have had IAP at least 4 hours prior to delivery		

**All babies who meets the above criteria:**

- Full examination of the baby by a clinician, including temperature, heart rate, perfusion, blood pressure and blood gas soon after admission
- Take CRP, FBC, blood gas and culture (take at least 1 ml for blood culture and clearly document in notes)

**At 6 hours (earlier, if nursing concerns):**

- Repeat clinical review by clinician, documenting (perfusion, BP, HR, temp, alertness, wellbeing and HeRO score)
- Repeat CRP and blood gas
- Consider 1<sup>st</sup> line antibiotics if there are concerns regarding worsening respiratory or haemodynamic status, rising CRP or metabolic acidosis or other concerns of sepsis

**At 6-24 hours:**

- Continue close review and document every 6 hours for the first 24 hours
- Repeat CRP at 18-24 hrs

*Please ensure all the findings and decisions are clearly documented in the notes and be aware of clinical symptoms and signs of evolving sepsis ( see next page)*