## Protocol for use of Vancomycin in Neonatal unit (Neoclinic Hospital)

- Vancomycin will be used as a 3<sup>rd</sup> line antibiotic in the unit and will be added only when we are suspecting CLABSI\*/VAP\*\*/ Gram stain suggestive of Grampositive cocci (GPC) which is not improving even after 24-48hrs of antibiotics.
- The most common cause of sepsis in the unit is Klebsiella (Gram-negative bacillus). The second most common cause of sepsis is Coagulase negative staphylococcus aureus (CONS). 80-90% of CONS are responsive to Carbapenems and Aminoglycosides and only 10% requiring use of Vancomycin.
- For Post-operative babies, Vancomycin will not be used routinely/empirically. Carbapenems and Aminoglycosides will be used if required.

Baby has clinical and laboratory parameters suggestive of sepsis(worsening)

2<sup>nd</sup> line antibiotics- Meropenem/ Amikacin

3<sup>rd</sup> line antibiotics- Colistin/ Amikacin

(No response after 24-48 hours or Gram stain suggestive of Gram-positive Cocci)

Add Vancomycin at 20mg/kg/dose IV q 8hrly

(Further decision to stop or continue antibiotic as per the culture sensitivity report)

\*CLABSI -defined by CDC as, "a primary blood stream infection in a patient that had a central line atleast for 48-hour period before the development of the blood stream infection, and is not related to an infection at another site."

\*\*VAP-defined by American thoracic society as, "a pneumonia that occurs 48-72 hours or thereafter following endotracheal intubation, characterized by the presence of a new or progressive infiltrate, signs of systemic infection (fever, altered white blood cell count), changes in sputum characteristics, and detection of a causative agent."