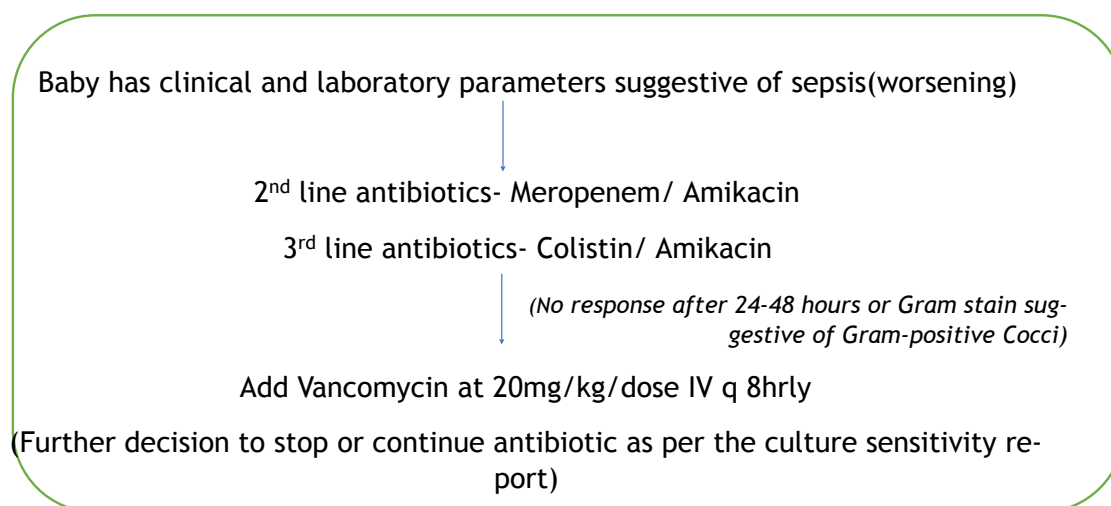


Protocol for use of Vancomycin in Neonatal unit (Neoclinic Hospital)

- Vancomycin will be used as a 3rd line antibiotic in the unit and will be added only when we are suspecting CLABSI*/VAP**/ Gram stain suggestive of Gram-positive 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.



**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.”*