

Clinical Guideline **Newborn Early Onset Sepsis/GBS**

Signs of Neonatal **Sepsis**

- Temp ≥ 100.4 or ≤ 97.5
- Irritability
- Poor Feeding
- Hypoglycemia
- Hypothermia
- Tachypnea
- Tachycardia
- Grunting
- Hypoxia
- Lethargy
- "Not acting right"

If any of these signs are present, consider obtaining a pediatrics consult.



Is one or more of the following present?

Yes

- Any maternal fever during intrapartum period
- Rupture of membranes ≥18 hours prior to delivery
- GBS unknown or GBS positive by culture or PCR

Note: For the purposes of this calculator, only penicillin, ampicillin, and cefazolin are considered GBS-specific antibiotics. If the mother received clindamycin or

Consult pediatric hospitalist

with any questions or concerns.

Routine care.

- Go to the Kaiser Neonatal Early-Onset Sepsis Calculator.
- Enter infant and maternal information.
- For local incidence of newborn sepsis, choose CDC national incidence.

Follow recommendations for blood culture, antibiotics, and vital sign frequency based on early-onset sepsis risk for infant's clinical status.

- "Well-appearing," "equivocal," and "clinical illness" are defined here.
- · Note: If the calculator recommends observation, this should be for at least 48 hours with vital signs Q4h.
- If maternal GBS positive and inadequately treated, observe infant for at least 48 hours regardless of calculator recommendations. If GBS positive and adequately treated, may discharge when clinically appropriate.

If any clinical concerns about infant, consult pediatric hospitalist.

vancomycin alone, enter "no antibiotics."

If giving antibiotics:

- · Send blood culture, CBC with differential, and CRP.
- Order ampicillin and gentamicin, using Neofax or the Neonatal Resuscitation Summary for dosing.
- Consult pediatric hospitalist and prepare to transfer infant to NICU.

Note: CBC and CRP are not routinely recommended anymore. However, they can be useful to trend if starting antibiotics. Thus, we recommend they be obtained if starting antibiotics.

References

- Pediatrics 2019: Management of Infants at Risk for Group B Streptococcal **Disease**
- Pediatrics 2018: Management of Neonates Born at ≥ 35 0/7 Weeks' Gestation with Suspected or Proven **Early-Onset Bacterial Sepsis**

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Click here to see the supplemental resources for this guideline. Approved by Clinical Guideline Committee 7/23/25.

If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.