Baby on antibiotic treatment for suspected infection

Review 48 hours after starting treatment

Consider stopping the antibiotics if:
• the blood culture is negative, and
• the initial clinical suspicion of infection was not strong, and
• the baby’s clinical condition is reassuring, with no clinical indicators of possible infection, and
• the levels and trends of C-reactive protein concentration are reassuring.

Review the baby at least once every subsequent 24 hours

Decide whether to stop antibiotics, taking account of:
• the level of initial clinical suspicion of infection, and
• the baby’s clinical progress and current condition, and
• the levels and trends of C-reactive protein.

Give antibiotic treatment for 7 days for babies with a positive blood culture

Use a shorter treatment duration than 7 days when the baby makes a prompt recovery, and either:
• no pathogen is identified, or
• the pathogen identified is a common commensal (for example, coagulase negative staphylococcus).

Consider continuing antibiotic treatment for more than 7 days if:
• the baby has not yet fully recovered, or
• longer treatment is needed because of the pathogen identified on blood culture (for example, Gram-negative bacteria or Staphylococcus aureus; seek expert microbiological advice if necessary), or
• longer treatment is needed because of the site of the infection (such as intra-abdominal co-pathology, necrotising enterocolitis, osteomyelitis or infection of a central venous catheter).