Late Onset Sepsis in NICU (ACH Park Ridge & Oak Lawn Only)





Empiric Treatment Recommendations (prior to availability of susceptibilities)

Organism	Empiric Agent	Comments		
MSSA	Oxacillin	Mandatory ID consult		
MRSA	Vancomycin	Mandatory ID consult		
Staphylococcus species, not S aureus	Vancomycin ¹	Send blood culture from central line (if present) in addition to peripheral blood culture.		
Enterococcus faecalis	Ampicillin	Consider CSF studies		
Enterococcus faecium	Vancomycin	Consider CSF studies. If vancomycin-resistance gene detected, use daptomycin or linezolid. Linezolid is preferred over daptomycin if CNS involvement is suspected.		
Streptococcus agalactiae	Ampicillin	Obtain CSF studies		
Streptococcus pyogenes	Ampicillin			
Streptococcus pneumoniae	Cefotaxime ²	Obtain CSF studies		
Other Streptococcus species	Cefotaxime ^{1,2}			
Gram negative	Cefepime ^{3,4}	Obtain CSF studies		
Candida species	Amphotericin (conventional)	Mandatory ID consult. Obtain CSF studies. Remove central line, if present.		

¹Consider holding antibiotic if no central line in past 48 hours, no congenital heart disease, and clinically stable. If repeat blood culture shows no growth, consider discontinuing antibiotics, if already started.

 2 Ceftriaxone may be used instead of cefotaxime in patients \geq 14 days of age and PMA \geq 40 weeks, if total serum bilirubin is < 5mg/dL and not receiving calcium containing IV products

³Alternative agent(s) should be used if a multi-drug resistance gene or certain organisms (e.g. *Acinetobacter baumannii* complex or *Stenotrophomonas maltophilia*) is identified on "Blood Culture, Rapid Identification" panel. Discuss with ID for appropriate antibiotic selection. ⁴Cefotaxime (or ceftriaxone, see Footer 2) may be considered empirically for certain organisms, such as: *Haemophilus influenzae, Salmonella* species, *Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, Proteus mirabilis*.

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