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## NICE OR NOT SO NICE? AN AUDIT OF EARLY ONSET NEONATAL SEPSIS

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**Introduction:** NICE guidelines for the management of early onset neonatal sepsis were published in 2012. Aneurin Bevan University Health Board revised local guidelines to incorporate NICE recommendations in February 2016. Our aims were to compare our practice pre and post new guideline.

**Method:** The audit was undertaken over three months during 2016 in Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals. All babies on the postnatal ward commenced on antibiotics during the first 72 hours were included.

**Results:** Eighty eight babies received antibiotics; 68 at RGH and 20 at NHH. In 59 cases (67%), the indication for antibiotics was maternal sepsis. In RGH 37 babies (54%) had  $>1$  CRP  $<5$  and were discharged day 2. In NHH 12 babies (60%) had  $>1$  C-reactive protein (CRP)  $<5$  and 2 (10%) were discharged day 2. Eighteen

babies (20%) had at least 1 CRP  $>30$  and had a locked plating of which 14 (78%) were successful and none were positive. All blood cultures were negative. In RGH the mean duration of hospital stay was 3.4 days with a mode of 2.0 days and median of 2.0 days. In NHH the same figures were 4.0, 3.0 and 3.0 days respectively. 22.7 babies per month received antibiotics; this pre NICE figure was 10.4.

**Conclusion:** We have shown an increase in babies receiving antibiotics following implementation of NICE recommendations. In NHH hospital stay is longer and a contributing factor is off site blood culture processing.

**Recommendation:** With the current NICE guideline the burden of postnatal ward antibiotic babies remains high.

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