

Early Discharge Criteria for Clinically Well Infants with Historical Risk Factors for Early Onset Sepsis

As discharging mothers and infants as early as possible is of paramount importance during the COVID-19 crisis, these guidelines may be used to assess discharge readiness prior to 48 hours of life for infants undergoing observations for early onset sepsis due to maternal group B streptococcus (GBS) status or chorioamnionitis.

- I. Maternal chorioamnionitis / fever
 - a) Assess sepsis risk using the Newborn Sepsis Calculator
 - i. <https://neonatalsepsiscalculator.kaiserpermanente.org/>
 - ii. For “Incidence of Early Onset Sepsis” choose 0.5/1000 live births (CDC Incidence)
 - b) Newborn Sepsis Calculator risk < 1.5
 - i. Discharge at 36 hours of life if infant is well appearing, vital signs have been reassuring, blood culture is no growth x 1 day. Can consider sending screening 12-24 hour CBC/CRP at physician discretion.
 - c) Newborn Sepsis Calculator risk ≥ 1.5
 - i. Remain admitted until 48 hours of life with q4hr vital sign monitoring
- II. Maternal GBS positive status with inadequate intrapartum antibiotic prophylaxis (IAP) or maternal GBS status unknown with inadequate IAP
 - b) Infants with risk factors: preterm (GA < 37 weeks) or prolonged ROM (>18 hours)
 - i. Remain admitted until 48 hours of life with q4hr vital sign monitoring
 - c) Infants without risk factors
 - i. Discharge at 36 hours of life if vital signs have been normal and infant well appearing. Can consider sending screening 24 hours CBC/CRP at physician discretion.

All infants at risk for early onset sepsis who are discharged before 48 hours of life must be evaluated via phone, televisit, or PMD office visit between discharge and 72 hours of life to verify that they have remained well.