

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 observation for early onset sepsis due to maternal group B streptococcus (GBS) status or chorioamnionitis.

- I. Birth parent 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 normal, blood culture is no growth x 1 day, and normal CBC
 - ii. Otherwise, remain admitted x 48 hours with q4hr vital sign monitoring
 - c) Newborn Sepsis Calculator risk > 1.5
 - i. Remain admitted x 48 hours with q4hr vital sign monitoring
- II. Birth parent GBS positive status with inadequate intrapartum antibiotic prophylaxis (IAP) or birth parent GBS status unknown with inadequate IAP *and* clinical risk factors for early onset sepsis
 - a) Infants with risk factors: preterm (GA < 37 weeks) or prolonged ROM (>18 hours)
 - i. Discharge at 36 hours of life if infant is well appearing, vital signs have been normal, blood culture is no growth x 1 day, and normal CBC
 - b) Infants without risk factors
 - i. Discharge at 36 hours of life if vital signs have been normal

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 remain well.