

To be added under section 3. Duration of antibiotic treatment of the neonatal sepsis guideline

**Switching to oral antibiotics for clinically well late preterm/term babies with suspected early onset infection and negative blood cultures**

Babies born at 35 weeks gestation or more who:

- have been screened for **early onset** infection and
- have **negative** blood cultures and
- are **clinically well** but
- have elevated CRP meaning that a clinical decision has been made for a longer duration of antibiotics

should be considered for switching to oral antibiotics(doses as per RAIN study) to complete their antibiotic course with a further 5 days of oral co-amoxiclav. The switch would occur following confirmation of negative blood culture.

Babies should have their first dose of oral co-amoxiclav administered in the hospital to ensure that the parent(s) are confident to do so at home. Parents should be given a parent information leaflet and a discharge checklist should be completed and signed. Verbal safety net advice should also be given prior to discharge. An immediate discharge letter should be completed on TRAK and copied onto acute TRAK so it would be visible in health settings outwith maternity. Discharge can then occur without delay – there is no need for an observation period following switch to oral antibiotics.