

# Summary of changes: Neonatal Sepsis Pathway (2024)

The Clinical Excellence Commission (CEC) have revised the adult, maternal, paediatric, and neonatal sepsis pathways to align with the national [Sepsis Clinical Care Standard](#) and current evidence-based guidelines. Improvements were also made in response to recommendations from NSW clinicians and expert working groups.

This document provides a summary of the changes to the CEC Neonatal Sepsis Pathway. Further resources to support local implementation are available on [CEC website](#).

Section	Change
<b>OVERVIEW</b>	<p>The sepsis pathway is a clinical decision support tool for initial sepsis recognition and management. A contemporary language change has been made throughout from 'newborn' to 'neonate' to reflect the patient population.</p> <p>The sepsis management plan (previously Page 4) has been removed in response to feedback from NSW Health clinicians. The ongoing sepsis management plan should now be documented in the respective patients' health care record, be discussed with the Attending Medical Officer (AMO) and communicated with the clinical team. Management plans should include close observation and frequency of vital sign monitoring, any repeat investigations (e.g. lactate, cultures) and plans to review and revise antimicrobial treatment.</p>
<b>RECOGNISE</b> (Page 1)	<p>Revised wording to define use of the pathway in neonates up to 28 days corrected age, across all clinical settings.</p> <p>Added "Could it be sepsis?" as a key prompt; aligns with sepsis NSW messaging and the Sepsis Clinical Care Standard.</p> <p>Added definition of sepsis and time-critical medical emergency.</p> <p>Revised the signs and symptoms: bundled in systematic approach and in order of commonality of neonatal presentation.</p> <p>Added Maternal risk factors and other risk factors for sepsis.</p> <p>Added premature babies as a high risk and vulnerable population group for sepsis.</p> <p>Added "Aboriginal and Torres Strait Islander people" as a high-risk and vulnerable population group for sepsis.</p> <p>Added "Family, carer, or clinician concern the baby is sick" as other risk factor for sepsis.</p> <p>Added "Unwell family members" as other risk factors for sepsis.</p> <p>Added "Re-presentation for ongoing condition or concern" as other risk factor for sepsis.</p> <p>Added link <a href="#">KP Neonatal Early-Onset Sepsis Calculator</a> and QR code for ease of access.</p>

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	Added A-G systematic assessment ( <i>reference to SNOC removed to align with introduction across all clinical settings</i> ).
	Amended reference to “features of severe illness” instead of “has severe sepsis or septic shock”
	Added laboratory features of severe illness / organ dysfunction statement.
Section	Change
<b>RESPOND &amp; ESCALATE</b>	Added “Consider other causes” with examples ( <i>to reflect complications associated with postnatal transition period</i> ).
(Page 1)	Added “Does the senior clinician consider the baby has ‘possible sepsis’?” ( <i>to ensure escalation to senior clinician and removed suggestion of confirmed diagnosis</i> ).
<b>RESUSCITATE</b>	Removed sepsis recognition box.
(Page 2)	Updated formatting to include action list of interventions rather than A-G structure.
	Added visual clock cues to support timing of critical interventions.
	Added “Consult with Paediatrician / Neonatologist / Emergency Physician / NETS”
	Added supplemental oxygen and target saturation ranges.
	Added monitoring requirements and assessment for signs of shock.
	Added reference to thermal environment to achieve normothermia.
	Amended referencing to pathology and listed in order of priority. Blood culture collection prioritised; volume of blood required for blood culture collection added.
	Added additional relevant screening samples (e.g. lumbar puncture, urine)
	Added reminder of “do not delay antibiotic administration for sample collection or test results”
	Antibiotic administration and fluid resuscitation section split to better align with timing of care recommendations in CCS.
	Described recommended choice of antibiotics to commence ( <i>reference to local guidelines removed</i> ).
	Reference to <a href="#">Australian Neonatal Medicines Formulary</a> (ANMF) with QR code link added.
	Reference to fluid administration amended to ‘consider’ reflecting an option of treatment as dependant on neonates’ clinical presentation.
	Added clear glucose management recommendations ( <i>reference to local guidelines removed</i> ).

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Section	Change
<b>REASSESS &amp; REFER</b>  (Page 2)	Updated reassess section.
	Reassess signs of shock, reference to specific vasopressor and consultation step included.
	Described ongoing monitoring plan including frequency of observation.
	Added reference to reviewing investigation results.
	Added consideration of need for viral screening.
	Added referral to higher level care.
	Highlighted NETS contact number supporting ease of clinician reference/use.