WHO Guidelines on management of Possible Serious Bacterial Infection

Department of Maternal, Newborn, Child and Adolescent Health
**Home**

**Danger signs for which baby should be taken to a health worker**

- Not able to feed since birth, or stopped feeding well
- Convulsed or fitted since birth
- Fast breathing: two counts of 60 breaths or more in one minute
- Chest indrawing
- High temperature: 37.5°C or more
- Very low temperature: 35.4°C or less
- Yellow soles
- Movement only when stimulated, or no movement even on stimulation
- Signs of local infection: umbilicus red or draining pus, skin boils and eyes draining pus
First level health facility

**Signs of Possible Serious Bacterial Infection**

- Stopped feeding well
- Movements only on stimulation or no movements at all
- Fever, temperature $\geq 38.0^\circ C$
- Hypothermia, temperature $< 35.5^\circ C$
- Severe chest indrawing
- Fast breathing (0-6 days)
- Convulsions

**Management**

- Facilitate referral to hospital
- First dose of intramuscular ampicillin and gentamicin
Management of serious bacterial infection

- Supportive care, as needed
- Intravenous/intramuscular ampicillin 8-12 hourly and gentamicin once daily for 10 days (3 weeks if meningitis
- Cloxacillin instead of penicillin if extensive skin pustules or abscess
- Second line antibiotic: third generation cephalosporin
When referral is not feasible

Re-classify possible serious bacterial infection into:
- Clinical severe infection
- Critical illness

Clinical severe infection: at first level or hospital outpatient facility:
- Combination of oral amoxicillin and gentamicin for 7 days

Critical illness
- Facilitate referral again
- Treat with injections ampicillin and gentamicin at first level or hospital outpatient facility only as a last resort

Details on next slides
When referral is not feasible

Clinical Severe Infection* at outpatient facility

*Stopped feeding well, movement only when stimulated, severe chest in-drawing, temperature $\geq 38.0^\circ C$ or $< 35.5^\circ C$

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Strength of recommendation</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young infants 0-59 days old with clinical severe infection whose families do not accept or cannot access hospital care should be managed in outpatient settings by an appropriately trained health worker with one of the following regimens:</td>
<td>Strong</td>
<td>Moderate</td>
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<tr>
<td><strong>Option 1</strong>: IM gentamicin 5-7.5 mg/kg once daily for 7 days and twice daily oral amoxicillin, 50 mg/kg per dose for 7 days. Close follow up is essential.</td>
<td>Strong</td>
<td>Low</td>
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<tr>
<td><strong>Option 2</strong>: IM gentamicin 5-7.5 mg/kg once daily for 2 days and twice daily oral amoxicillin, 50 mg/kg per dose for 7 days. Close follow up is essential. A careful assessment on day 4 is mandatory.</td>
<td>Strong</td>
<td>Low</td>
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Choice of option 1 vs option 2 dependent upon health system’s ability to provide 7 vs 2 days injections