

Flow Chart for Management of Infants & Mothers During **Erythromycin Eve Ointment Shortage**

Children's Hospital London Health Sciences Centre

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Version

Response to Lab Results Algorithm

Start here March 14, 2019 Notify MRP for mother Positive for GC **Negative for GC/CT** and infant(s) Results for No further testing **NAAT GC/CT** regardless of admission status Low Risk **Positive for CT Notify MRPs** Parents/Caregivers and health care providers Assess Newborn Assess Newborn **Treat Mom Treat Mom** must watch for signs of Infant(s) Infant(s) newborn eye infections and seek medical attention if signs occur.

Symptomatic Infant(s)*

- If admitted: consult NICU
- If outpatient: Go to Paediatric ED for admission
- Full septic work-up
- Eye swab for culture/NAAT
- Empiric IV antibiotics, including:
 - Cefotaxime
- Paeds consult. Infectious Disease Consult

Asymptomatic Infant(s)

- Obtain Conjunctival swabs (NAAT) and follow up should be arranged with MRP
- Cefotaxime 100mg/kg IV or IM X 1 dose, or Ceftriaxone 50 mg/kg IV or IM X 1 dose (dose not to exceed 125 mg)
- Advise to go to ED for assessment if infant becomes symptomatic*

Symptomatic Infant(s)**

- Obtain conjunctival swabs (NAAT and culture) and follow up should be arranged with MRP
- Oral erythromycin: 50 mg/kg/day in four divided doses for 14 days ***, or Oral azithromycin: 20 mg/ kg once daily for 3 days

Asymptomatic Infant(s)

- No treatment
- Watch for signs of an eve infection, or if infant becomes symptomatic
- Seek medical attention if infant becomes symptomatic

NOTE:

When the newborn and mother are discharged, make a note on the baby's chart that is provided to the mother to support the first baby check-up as to whether ervthromycin was administered at time of birth.

Signs of an eye infection may include:

Eye irritation, drainage that is yellowish to greenish in colour, pain and tenderness in the eyes, and/or swollen eve lids.

A single dose of ceftriaxone (50 mg/kg to a maximum of 125 mg) intravenously or intramuscularly. The preferred diluent for intramuscular ceftriaxone is 1% lidocaine without epinephrine (0.45% ml/125 mg). This intervention is both safe and effective. Biliary stasis from ceftriaxone is not considered to be a risk with a single dose. (Ceftriaxone is contraindicated in newborns receiving intravenous calcium. A single dose of cefotaxime [100 mg/kg given intravenously or intramuscularly is an acceptable alternative.)

*If infant has symptoms of conjunctivitis or appears systemically unwell they should be admitted and have a full septic work-up. **If infant appears systemically unwell they should be admitted and have a full septic work-up.

*** Monitor for signs/symptoms of infantile hypertrophic pyloric stenosis (IHPS).

(Reference: CPS, 2015, Preventing Ophthalmia Neonatorum; Red Book, 2018, Report of the Committee on Infectious Diseases]

Legend

GC = Gonococcus (Neisseria Gonorrhea) CT = Chlamydia Trachomatis NAAT = Nucleic Acid Amplification Test MRP = Most Responsible Practitioner ED = Emergency Department