



Government of Sierra Leone  
Ministry of Health and Sanitation

**Doing Saves Lives**  
**Give Correct Treatment**  
**To Newborns**



- Always check the mother's notes for pre-existing infections
- Always check and use GoSL guidelines. There are new guidelines for HIV 2011
- In PHUs use IMNCI guidelines
- If you do not have ANY guidelines you can use the tables below
- Always weigh the newborn to correctly calculate doses
- Always get someone else to check your calculations

**Gentamycin** used once daily should be given IM in PHUs

**Gentamycin can be given as a slow IV bolus** (push) in hospital – over 2-3 minutes. Check if the newborn is passing urine. Document in the baby notes

**Chloramphenicol should not be used in babies aged < 7 days.**

<b>Amoxicillin</b>	<b>50 mg / kg / dose orally</b>	<b>&lt; 7 days: 12 hourly</b> <b>7-21 days: 8 hourly</b>
<b>Ampicillin</b>	<b>50 mg / kg / dose IV</b> <b>100 mg / kg / dose for meningitis</b>	<b>&lt; 7 days: 12 hourly</b> <b>7-21 days: 8 hourly</b>
<b>AZT</b>	<b>Term: 4mg / dose orally</b> <b>1.5 mg / kg / dose IV</b> <b>Preterm: 2 mg / kg / dose orally</b> <b>1.5 mg / kg / dose IV</b>	<b>Term: 12 hourly</b> <b>6 hourly</b> <b>Preterm: 12 hourly</b> <b>12 hourly, give over 1 hour</b>
<b>Cefotaxime</b>	<b>50 mg / kg / dose slowly IV or IM</b>	<b>&lt; 7 days: 12 hourly</b> <b>7-21 days: 8 hourly</b>
<b>Ceftriaxone</b>	<b>Sepsis: 50 mg / kg / dose</b> <b>Meningitis: 80 mg / kg / dose</b> <b>Gonococcal Opthlamia 50 mg / kg / dose</b>	<b>24 hourly IM or IV</b> <b>1 dose for Gonococcal ophthalmia</b>
<b>Cloxacillin</b>	<b>25 – 50 mg / kg / dose</b>	<b>&lt; 7 days: 12 hourly</b> <b>7-28 days: 8 hourly</b>
<b>Cotrimoxazole</b>	<b>2.5ml (40/200mg/5ml)</b>	<b>Daily</b> <b>From 6 weeks prophylaxis against PCP</b>
<b>Erythromycin</b>	<b>12.5 mg / kg / dose</b>	<b>4 times daily</b> <b>Give for 14 days for Chlamydia</b>
<b>Gentamycin</b>	<b>5 mg / kg / dose IM</b>	<b>24 hourly</b>
<b>INHisoniazid</b>	<b>10 mg / kg / dose daily orally</b>	<b>Give for 6 months if mother has been on TB treatment for less than 2 months, then administer BCG</b>
<b>Combination TB treatment</b>	<b>RHZ (60,30,150)</b> <b>3 – 4 kg ½tab daily</b>	<b>Give 6 months of treatment if the mother has had &lt; 2 months treatment or is HIV positive</b> <b>Give RHZ for 2 months followed by RH for 4 months</b>
<b>Lamivudine (3TC)*</b>	<b>2 mg / kg / dose</b>	<b>12 hourly in combination with AZT for PMTCT</b>



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<b>Lopinovir/ Ritonavir</b>	10 – 12 mg / kg / dose	12 hourly
<b>Metronidazole</b>	7.5 mg / kg / dose IV	12 hourly
<b>Nevirapine*</b>	> 2 kg: 6 mg (0.6 ml) / dose orally < 2 kg: 2 mg (0.2 ml) / kg / dose orally	Daily
<b>Nystatin</b>	1ml (100 000 u) orally	6 hourly for 2 weeks if HIV
<b>Penicillin G (Benzyl penicillin)</b>	<u>Sepsis / Pneumonia, and Syphilis</u> 50 000 u / kg / dose IV <u>Meningitis</u> 100 000 u / kg / dose IV	12 hourly for first week, 8 hourly thereafter. <u>Duration of treatment</u> <ul style="list-style-type: none"> <li>• Syphilis – 10days</li> <li>• Sepsis/Pneumonia – 14 days</li> <li>• Meningitis - 21 days</li> </ul>
<b>Penicillin (Benzathine)</b>	50 000 u / kg / dose IM	1 dose for babies born to mothers with syphilis untreated or partially treated
<b>Procaine Penicillin</b>	50 000 u / kg / dose IM 24 hourly	For symptomatic congenital syphilis: 10 days
<b>Phenobarbitone</b>	<u>For convulsions</u> Load: 20 mg / kg / IV over 10 minutes then 5 – 10 mg / kg / dose (Maximum cumulative dose 40 mg / kg)	Maintenance: 3-5 mg / kg / dose orally / IV / IM / rectally 24 hourly
<b>Phenytoin</b>	Load: 20 mg / kg / IV over 30 minutes Maintenance: 4-8 mg / kg / dose	Orally / IV / rectally 24 hourly
<b>Stavudine (d4T)*</b>	< 14 days 0.5mg / kg / dose > 14 days 1mg / kg / dose	Orally 12 hourly Orally 12 hourly
<b>Theophylline(oral)</b>	Load: 5 mg / kg orally Maintenance: 2 mg / kg / dose 12hrly	Give in pre-term infants (< 35 weeks gestational age to prevent apnoea) 12 hourly
<b>Vitamin D2</b>	400 – 800 iu orally	Daily in preterm infants up until 1.5 kg
<b>Vitamin K</b>	1 mg IM	Prophylaxis at birth



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### Antibiotic Doses for Newborns less than 7 days old

Weight kg	Penicillin (50,000iu/kg)	Ampicillin / Cloxacillin (50mg/kg)	Gentamicin (3mg/kg <2kg, 5mg/kg ? 2kg)	Ceftriaxone (50mg/kg)	Metronidazole (7.5mg/kg)
	iv / im	iv / im	iv / im	iv / im	iv
	12 hrly	12 hrly	24 hrly	24 hrly	12 hrly
1.00	50,000	50	3	50	7.5
1.25	75,000	60	4	50	10
1.50	75,000	75	5	75	12.5
1.75	100,000	85	6	75	12.5
2.00	100,000	100	10	100	15
2.50	150,000	125	12.5	125	20
3.00	150,000	150	15	150	22.5
4.00	200,000	200	20	200	30

### Oral Antibiotic doses less than 7 days of Age

Weight kg	Amoxicillin,	Ampicillin / Cloxacillin
	25mg/kg	25mg/kg
	125mg/5mls 12 hrly	125mg/5mls 12 hrly
2.00	2	2
2.50	3	3
3.00	3	3
4.00	4	4

Diagnosis and Signs	Duration / Days of treatment (ALWAYS Check instructions in Notes)
<b>Signs of Infection in a newborn breast feeding well.</b>	<ul style="list-style-type: none"> <li>Antibiotics can be stopped after 48 hours <b>IF</b> the child is feeding well without fever and has no other problem <b>and LP, if done, is normal.</b></li> <li>Child can go home with oral treatment to complete <b>5 days</b> in total. Advise the mother to return with the child if problems recur.</li> </ul>
<b>Skin infection with signs of generalised illness such as poor feeding</b>	<ul style="list-style-type: none"> <li>IV / IM antibiotics could be stopped after 48 hours if the child is feeding well without fever and has no other problem <b>and LP, if done, is normal.</b></li> <li>Oral antibiotics should be continued for a <b>further 5 days.</b></li> </ul>
<b>Clinical or radiological pneumonia.</b>	<ul style="list-style-type: none"> <li>IV / IM antibiotics should be continued for a minimum of <b>5 days</b> or until completely well for 24 hrs.</li> </ul>
<b>Severe Neonatal Sepsis with coma / inability to feed.</b>	<ul style="list-style-type: none"> <li>The child should have had an LP.</li> <li>IV / IM antibiotics should be continued for a minimum of <b>7 days</b> or until completely well if the LP is clear</li> </ul>
<b>Neonatal meningitis or severe sepsis and no LP performed</b>	<ul style="list-style-type: none"> <li>IV / IM antibiotics should be continued for a minimum of <b>14 days.</b></li> <li>If Gram negative meningitis is suspected treatment should be iv for <b>3 weeks.</b></li> </ul>