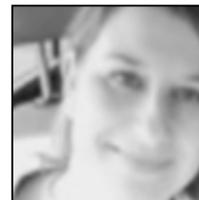


Sepsis in the Neonate – Nurses’ Knowledge

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Abstract

Statement of the Problem: Neonatal infections can be caused by extraordinary variety of microorganism and can present many specific features. Most neonatal bacterial infections have an early bacteraemic phase preceding the development of a full-blown septicaemia or the localization of infection in organs and tissues. Progression from mild symptoms to death can occur in less than 24 hours. In preterm infants, early-onset neonatal sepsis (EOS) is most consistently defined as occurring in the first 3 days of life and is caused by bacterial pathogens transmitted vertically from mother to infant. In the early stages, signs are subtle and often noted first by the nurses or the mother. Such concerns must always be taken seriously and should not be overridden by the findings of a single clinical examination, especially when risk factors for sepsis are present.

Methodology & Theoretical Orientation: A seven-day-old girl with hypoperfusion, thrombocytopenia, hypoglycemia and respiratory distress was referred to NICU for treatment (birth weight: 2150 g). Physical examination revealed lethargic girl, required intubation within 1 hour of admission and placed on HFOV. Blood culture positive with gram negative bacilli, later identified as E.coli. Urine and cerebrospinal fluid cultures remained sterile.

Conclusion & Significance: Early recognition, diagnosis and treatment of serious infection in the neonate is essential because of the risk of permanent morbidity or mortality.

Biography

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Publications

Single median maxillary central incisor syndrome and variant in SMO gene associated with SHH pathway.

Translation and psychometric testing of the Polish version of the Neonatal Extent of Work Rationing Instrument (NEWRI)

Changing facial features in a child with GAPO syndrome caused by novel mutation in the ANTXR1 gene and uniparental disomy of chromosome 2

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