GP INFORMATION LETTER

INFANT MANAGED FOR RISK OF SEPSIS
(Maternal GBS, Prolonged rupture of Membranes, or Risk Factors)

Date:……/……./……..

Dear Doctor……………………………,

Thank you for reviewing baby……………………………..and family. This neonate was identified as at risk of early onset Group B Streptococcal (GBS) infection or was managed for a possible / confirmed diagnosis of sepsis whilst an inpatient at KEMH following delivery.

Problem requiring clinical observation, diagnostic screening (FBP, CRP) or prophylactic antibiotics:

☐ Maternal GBS positivity on vaginal swab or urine culture
☐ Previous sibling with early onset GBS disease
☐ Suspected or confirmed GBS sepsis identified and treated during admission
☐ Other (e.g. Preterm delivery <37w, PROM, etc).................................................................

The infant was managed on postnatal ward / SCN / NICU for …….. days and required the following managements:........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Ongoing care / monitoring required:.................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Thank you for your ongoing care of this family,

Regards

Signature……….. PRINT NAME…………….. Designation……………..

Staff of the Neonatal Clinical Care Unit, KEMH