

LETTER TO THE EDITOR

Letter to the Editor: Outpatient Administration of Antibiotics in Neonatal Sepsis

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Dear Editor,

Recently, Islam SMR et al published an original article titled "Continuation of indoor prescribed antibiotics in the outpatient treatment of neonatal sepsis"(1). It is enlightening to know that early discharge and subsequent administration of injectable antibiotics on an outpatient basis is both safe and also economical.

This study emulates the findings of a study by Zaidi et al. in Pakistan in which the authors reported the similar success story (2). Similar success has been reported in a randomized trial in Africa that found treatment of pneumonia in the neonate by either oral penicillin or procaine benzylpenicillin and gentamycin to be as equally effective (3). The author is confident that this method of combining of both inpatient and outpatient administration of antibiotics for neonatal sepsis will be successful in our local setting due to high quality medical care that is offered by both government and private medical facilities here with many health clinics supporting the local hospitals.

Therefore, these findings open an alternative pathway for treatment of neonatal sepsis. While admission till completion of parental antibiotics is desirable to ensure complete recovery of the child while monitoring for the complication of sepsis, however it may not be possible in some families. A holistic approach is important, taking into account the family circumstances while also equaling prioritizing the child's health in determining whether adaptation of this approach is safe.

It is of outmost important to identify neonate with increased risk for development of sepsis. This includes low Apgar score of birth, the occurrence of premature rupture of membranes (PROM), meconium stained liquor, prematurity, small for gestational age babies and presence of foul smelling liquor (4). This will allow early initiation of parental antibiotics that may be initially started at hospital and continued on an outpatient basis

thereby allowing a shorter hospital stay. As Malaysian hospitals especially in the government sector is getting very congested, any steps to allow for shorter but safe hospital care that is evidenced based should be encouraged. The author agrees that a pilot project should initially been done here to look at the outcome of babies with neonatal sepsis that were treated entirely in hospital as compared to mixed inpatient and outpatient antibiotic treatment before embarking on this alternate pathway for treatment of neonatal sepsis. Rational antibiotic prescribing however is always important to prevent the development of antibiotic resistance, thereby making it compulsory for completion of the full duration of the prescribed antibiotics (5).

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