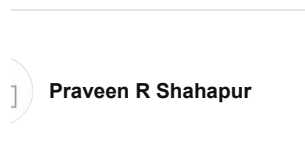


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International Journal of Current Pharmaceutical Review and Research 7.16 · August 2015 with 3 Reads

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Praveen R Shahapur

**Objectives:** Neonatal sepsis is one of the major causes of morbidity and mortality in the newborn. Early diagnosis and appropriate treatment of blood stream infections would minimise the risk besides reducing the emergence of multidrug resistant organisms. Therefore the present study was done to know the etiological factors of neonatal sepsis, and their antimicrobial susceptibility pattern. **Methods:** All neonates with signs and symptoms of neonatal septicaemia were enrolled in the study. Blood culture was done by conventional method. Any growth was identified by colony characteristics and standard biochemical tests. Antimicrobial susceptibility tests was done by Kirby Bauer Disc Diffusion method according to National Committee for Clinical Laboratory Standards (NCCLS) guidelines. **Results:** 115 cases were enrolled in the study. Out of which early onset sepsis occurred in 76(66.08%)and late onset sepsis in 39 (39%) neonates. Rates of infection was high in males (60%) as compared to females(40%). Culture proven sepsis was seen in 101.13% cases. Common isolated pathogen was Klebsiella pneumonia 13(29%) which was sensitive to Imipenem(69.2%) , Sparfloxacin(15.3%) and Amikacin(15%) . Second most common organism was Pseudomonas aeruginosa 9(20%) which was sensitive to Amikacin(88.8%), Ciprofloxacin(77.7%) and Acicillin/Tazobactam(77.7%). Among the Gram positive organisms, Coagulase Negative Staphylococcus 7(15.5%) was predominant isolate which was sensitive to Linezolid (100%) and Acicillin/Tazobactam (71.42%). **Conclusions:** Blood culture, antibiotic susceptibility surveillance and rational antibiotic use will reduce the rate of neonatal septicaemia and ensure therapeutic success. **Keywords:** Sepsis, Culture, Isolates, Sensitive.

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