APPENDIX 2: Classification of Infant's Clinical Presentation.
(Adapted from Kaiser Sepsis Calculator)

NOTE: at risk infants should have clinical reassessment performed and documented frequently in the first 4-6 hours of life as classification may change

CLINICAL EXAM	DESCRIPTION
Clinical Illness *	1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room) 2. Hemodynamic instability requiring vasoactive drugs 3. Neonatal encephalopathy / Perinatal depression a. Seizure b. Apgar score <5 @ 5 minutes 4. Need for supplemental O2 ≥ 2 hours to maintain oxygen saturations >90% (outside of the delivery room)
Equivocal	1. Persistent physiologic abnormality ≥ 4 hours: a. Tachycardia (HR ≥ 160) b. Tachypnea (RR ≥ 60) c. Temperature instability (≥ 100.4F or ≤97.5F) d. Respiratory distress (grunting, flaring, retracting), not requiring supplemental O2 2. Two or more physiologic abnormalities lasting ≥ 2 hours: a. Tachycardia (HR ≥ 160) b. Tachypnea (RR ≥ 60) c. Temperature instability (≥ 100.4F or ≤97.5F) d. Respiratory distress (grunting, flaring, retracting), not requiring supplemental O2 *NOTE:* abnormality can be intermittent
Well Appearing	No persistent physiologic abnormalities

* **ADDITIONAL SIGNS/SYMPTOMS OF CLINICAL ILLNESS IN NEONATES:** These factors may be considered for individualized clinical decision-making but are not validated characteristics in the Sepsis Calculator model	
	1. Lethargy (abnormal or change in mental status or activity level) 2. Persistent or recurrent apnea requiring stimulation (outside of the delivery room) 3. Metabolic acidosis on neonatal blood gas (base excess < -8) a. Worsening pH/base deficit compared to cord blood gas b. Persistent abnormalities on newborn blood gases over 4-6 hours