

**APPENDIX 2: Classification of Infant's Clinical Presentation, 2015.**  
**(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
<b>Clinical Illness *</b>	<ol style="list-style-type: none"> <li>1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room)</li> <li>2. Hemodynamic instability requiring vasoactive drugs</li> <li>3. Neonatal encephalopathy / Perinatal depression               <ol style="list-style-type: none"> <li>a. Seizure</li> <li>b. Apgar score &lt;5 @ 5 minutes</li> </ol> </li> <li>4. Need for supplemental O<sub>2</sub> ≥ 2 hours to maintain oxygen saturations &gt;90% (outside of the delivery room)</li> </ol>
<b>Equivocal</b>	<ol style="list-style-type: none"> <li>1. Persistent physiologic abnormality ≥ 4 hours:               <ol style="list-style-type: none"> <li>a. Tachycardia (HR ≥ 160)</li> <li>b. Tachypnea (RR ≥ 60)</li> <li>c. Temperature instability (≥ 100.4F or ≤97.5F)</li> <li>d. Respiratory distress (grunting, flaring, retracting), not requiring supplemental O<sub>2</sub></li> </ol> </li> <li>2. Two or more physiologic abnormalities lasting ≥ 2 hours:               <ol style="list-style-type: none"> <li>a. Tachycardia (HR ≥ 160)</li> <li>b. Tachypnea (RR ≥ 60)</li> <li>c. Temperature instability (≥ 100.4F or ≤97.5F)</li> <li>d. Respiratory distress (grunting, flaring, retracting), not requiring supplemental O<sub>2</sub></li> </ol> </li> </ol> <p><i>NOTE: abnormality can be intermittent</i></p>
<b>Well Appearing</b>	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

	<ol style="list-style-type: none"> <li>1. Lethargy (abnormal or change in mental status or activity level)</li> <li>2. Persistent or recurrent apnea requiring stimulation (outside of the delivery room)</li> <li>3. Metabolic acidosis on neonatal blood gas (base excess &lt; -8)               <ol style="list-style-type: none"> <li>a. Worsening pH/base deficit compared to cord blood gas</li> <li>b. Persistent abnormalities on newborn blood gases over 4-6 hours</li> </ol> </li> </ol>
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