

Newborn ID	
<b>HIV cont.</b>	
<b>Treatment</b>	<b>Post-exposure prophylaxis ASAP</b> (within 6 hours of delivery) with <b>zidovudine</b> (dosage based on GA at birth and weight) + <b>nevirapine if mother not on ARVs</b>
<b>HSV</b>	
<b>Pathophys</b>	HSV acquired Intrauterine (rare), <b>perinatal</b> (85% of infections; ↑ risk: <b>PROM</b> , fetal scalp monitor/forceps, vaginal delivery, primary infxn in mother -- but <b>majority of infants w/HSV born to mothers without known hx of HSV</b> )
<b>Presentation</b>	<b>Fever or other nonspecific signs of sepsis, coalescing vesicles on erythematous base</b> , seizures/focality on neuro exam, hepatomegaly, ascites
<b>Workup</b>	<ul style="list-style-type: none"> <li>• <b>Asymptomatic:</b> Swab neonate from cleanest spot to least clean (same swab): conjunctivae, mouth, nasopharynx, rectum @ 24HOL for PCR and culture</li> <li>• <b>Symptomatic:</b> LP: CSF lymphocyte pleocytosis/elevated protein, consider <b>EEG, PCR and culture of unroofed vesicle</b></li> </ul>
<b>Treatment</b>	IV Acyclovir 60 mg/kg per day divided q8h (initiate w/ any clinical suspicion; no need to start in asymptomatic infants) Duration depends on severity. Monitor renal function and ANC 2x/week.

Neonatal Abstinence Syndrome (NAS)	
<b>Path</b>	Behavioral dysregulation seen 2/2 drug withdrawal in infants chronically exposed in utero to opioids (methadone, buprenorphine, morphine, oxycodone, hydromorphone, heroin) and other substances (nicotines, benzodiazepines, SSRIs). Skyrocketing incidence.
<b>Presentation</b>	<ul style="list-style-type: none"> <li>• Irritability, hypertonia, tremors, poor sleep, poor feeding, vomiting, diarrhea, autonomic dysfunction (sweating, sneezing, tachypnea, fever), weight loss. Sx diminished in preterm infants 2/2 developmental immaturity of CNS.</li> <li>• Timing of withdrawal depends on half life: Heroin - &lt;24 hours, Methadone or Buprenorphine: 24-72 hours.</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• <b>First line: Non-pharmacologic.</b> <ul style="list-style-type: none"> <li>■ Parent rooming in, Skin-to-skin, decreased stimulation, clustered care, swaddling, pacifiers.</li> <li>■ BMC: Give mother NAS info packet on admission.</li> <li>■ Breastfeeding for eligible mothers on methadone or buprenorphine (<b>No relapses in the past 4 weeks, adequate prenatal care, treatment program</b>)</li> <li>■ <b>24kcal/oz formula</b> if not breastfeeding</li> </ul> </li> <li>• <b>Withdrawal (inability to eat/sleep/console, autonomic sx): Pharmacologic</b> (at BWH, transfer to NICU)</li> <li>• First-line opioid replacement therapy: morphine, methadone</li> <li>• Second line therapy: Clonidine, phenobarbital</li> <li>• 60-70% of infants exposed to opioids will need therapy. Increased risk with methadone and polypharmacy.</li> <li>• Monitor for at least 5-7 days for infants exposed to methadone or buprenorphine</li> </ul>