Standard Operating Procedure (SOP)

Department:	**Perinatal (Maternity and Neonatal)**
SOP Ref No:	ABUHB/F&T/1356
SOP Title:	**SWOSH (Switching to Oral Antibiotics and Sending Home)**

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Change / Amendment History

Version No	Effective Date	Brief Summary of Changes	Author
1	01/09/2026	• Original SOP	R Clement

1 Introduction

Early-onset neonatal infection is a common indication for antibiotic use, yet most treated infants have negative blood cultures. Despite this, many continue to receive prolonged intravenous (IV) antibiotics, in view of raised CRP or clinical discretion, leading to extended hospital stay and increased healthcare burden.

The RAIN trial[1], demonstrated that in clinically stable neonates with suspected infection and negative blood culture, an early switch from IV to oral antibiotics is non-inferior to continued IV treatment and significantly reduces length of stay.

Recent updates to the NICE guideline [NG195], support switching to oral amoxicillin in neonates ≥35+0 weeks' gestation with negative blood culture who require antibiotics beyond 36 hours due to a strong initial clinical suspicion of infection.

This SOP outlines the local process within ABUHB for safely transitioning selected neonates from intravenous to oral antibiotic therapy following suspected early-onset infection. It should be applied in conjunction with the All-Wales guideline "Switching to Oral Antibiotics and Sending Home (SWOSH)" (2026).

2 Scope

- This SOP applies to neonates who meet the eligibility criteria outlined in the All-Wales SWOSH guidance (Appendix 1).
- This switch is applicable only to neonates where a clinical decision was made to continue the antibiotics beyond the initial 36 hours. If the clinical decision is to stop the antibiotics after 36 hours with negative cultures, then those neonates must not be offered oral antibiotic.

3 Roles & Responsibilities

- This SOP has been developed with input from Neonatal, Maternity and Pharmacy teams and should be adopted by all staff from these areas.

Procedure	Responsibility
Identification of babies eligible for SWOSH	Neonatal team
Discussion with parents, counselling and give PIL	Neonatal team
Prescribe oral antibiotic for neonate on prescription chart and as TTH medication	Neonatal team
Print TTH record from CWS and obtain medication from Omnicell	Midwife
Supervise parents to give first dose of medication	Midwife
Observe baby for 2 hours on PN ward before discharge	Midwife
Complete BadgerNet alert (manual) for SWOSH and highlight on discharge Sharepoint	Midwife
Visit at home on day after discharge	Community Midwife
Phone call on day 5	Neonatal Team

4 Definitions

Term	Definition
PIL	Patient Information Leaflet
TTH	To Take Home

5 Procedure

Inclusion Criteria

- Babies who are eligible for SWOSH will be identified by the Neonatal Postnatal Team according to the eligibility criteria:
    - Gestational age ≥35 weeks

- Diagnosis: Presumed Early Onset Sepsis (EOS), on IV antibiotics
- CRP: Downwards trend
- Blood culture: no growth at 36 hours
- Clinical status: NEWTT2 Score 0 in last 24 hours, tolerating oral feeds
- Clinical decision for continuing the antibiotics beyond 36 hours.

Exclusion Criteria

- Gestational age<35 weeks
- Rising CRP
- Blood culture: Positive at 36 hours (not deemed a contaminant)
- Ongoing clinical concerns- NEWTT2 Score >0
- Being treated for suspected or proven meningitis
- Unable to get blood culture
- Parental refusal

Procedure

- Parents should be thoroughly counselled by the Neonatal team on the rationale for continuing antibiotic treatment, the benefits and risks of switching to oral antibiotics and the local SWOSH procedure. The All-Wales PIL (Appendix 2) should also be provided to the parents during this conversation. The baby should not be switched to oral antibiotics if the parents do not consent or if there are social concerns which indicate that oral antibiotic therapy at home may not be effective/ regularly administered.
- **Please do not remove the baby's cannula until the baby is ready for discharge.**
- The Neonatal team should prescribe the correct dose of oral amoxicillin based on the baby's weight. The first dose should be prescribed on the medication chart to enable this to be given before discharge. The baby's Clinical Workstation (CWS) should be updated to include oral amoxicillin as a to TTH medication and the date and time of the last dose should be included.
- Pharmacy will ensure that oral amoxicillin is available as over labelled packs in the B3 omnicell to enable this to be provided from the ward.

- Midwives will print the TTH record from CWS and obtain the medication from the Omnicell on B3 using a 2-person check. One copy should be scanned to the baby's BadgerNet, the other copy should be given to the parents upon discharge.
- The first oral dose of antibiotics should be administered whilst the baby is on the postnatal ward and can be given from **4 hours** after the last intravenous dose. Parents should be supervised by midwives to administer this oral medication. Guidance for parents on administration of oral medication can be found on medicinesforchildren.org.uk via the QR code on the PIL.
- The baby's general wellbeing should be observed for 2 hours after the first dose of oral antibiotics to ensure this is tolerated (formal observations are not indicated). If the baby vomits within 30 minutes of receiving the first dose, the dose can be repeated after 10 minutes if the baby is otherwise well. If the baby vomits the second dose, the neonatal team should be informed and the baby will not be suitable for SWOSH.
- If the baby tolerates the first dose of oral antibiotics, is otherwise well, and does not require neonatal review for any additional reason, the baby can then be discharged by the midwife.
- Upon discharge the midwife should indicate via the Sharepoint discharge list (Figure 1) that the baby has met SWOSH criteria and been switched to oral antibiotics via the 'tick box', ensuring communication with the community midwife.
- The parents should be advised to call the neonatal unit if they have any questions or concerns once they are discharged. The number can be found on the PIL (Appendix 2).
- The community midwife should visit the family on the day after discharge. The baby's general wellbeing should be assessed (formal observations are not indicated). The midwife should confirm that the parents are administering the antibiotics to the baby and that the baby is tolerating the medication. If there are any concerns raised regarding the baby's clinical condition or ability to tolerate oral antibiotics, the neonatal unit should be contacted for advice.
- If, following neonatal input, the baby requires re-admission or assessment following concerns raised about their clinical condition or tolerance of oral antibiotics, they should be referred to the Children's Assessment Unit in GUH.

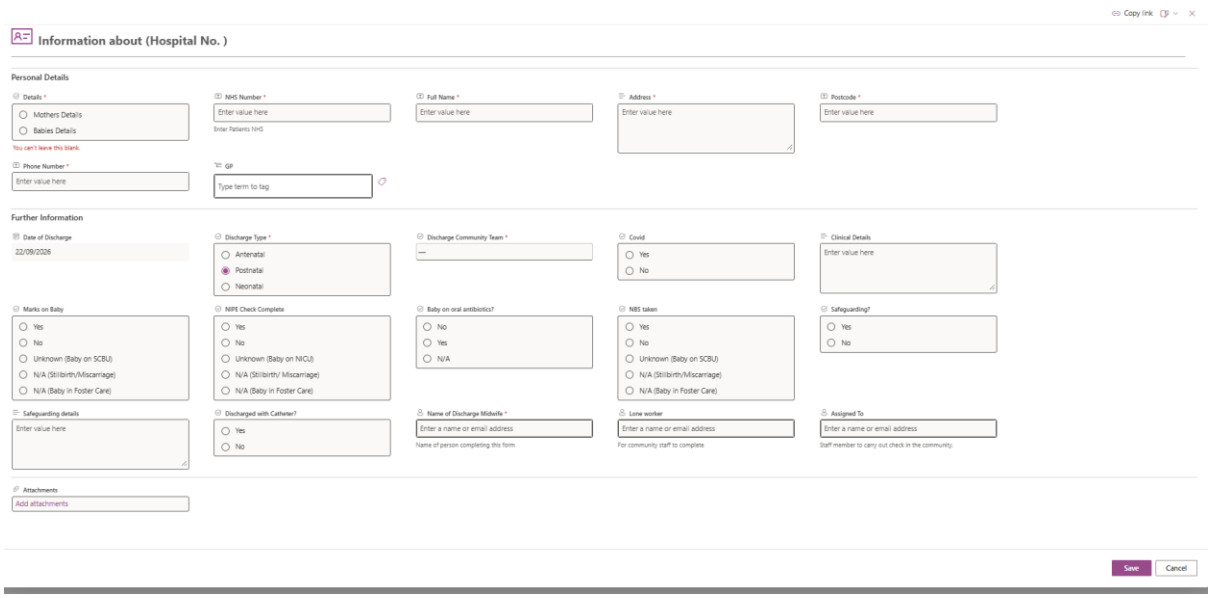

Figure 1 Sharepoint Discharge List

7 References

National Institute for Health and Care Excellence (2026) *Neonatal infection: antibiotics for prevention and treatment* [Online]. Available at: Overview | Neonatal infection: antibiotics for prevention and treatment | Guidance | NICE (Accessed 22 September 2026)

All-Wales guideline *"Switching to Oral Antibiotics and Sending Home (SWOSH)"* (2026)

7 Appendix

Appendix 1- Switching to Oral Antibiotics and Sending Home (SWOSH) All Wales Guidance

Switching to Oral Antibiotics and Sending Home (SWOSH) All-Wales Guideline

Introduction:

Early-onset neonatal infection is a common indication for antibiotic use, yet most treated infants have negative blood cultures. Despite this, many continue to receive prolonged intravenous (IV) antibiotics, in view of raised CRP or clinical discretion, leading to extended hospital stay and increased healthcare burden.

The RAIN trial[1], demonstrated that in clinically stable neonates with suspected infection and negative blood culture, an early switch from IV to oral antibiotics is non-inferior to continued IV treatment and significantly reduces length of stay.

Recent updates to the NICE[2] guideline [NG195], support switching to oral amoxicillin in neonates ≥35+0 weeks' gestation with negative blood culture who require antibiotics beyond 36 hours due to a strong initial clinical suspicion of infection.

This guideline outlines the criteria and process for safely transitioning selected neonates from intravenous to oral antibiotic therapy following suspected early-onset infection. This switch is applicable only to neonates where a clinical decision was made to continue the antibiotics beyond the initial 36 hours. If the clinical decision is to stop the antibiotics after 36 hours with negative cultures, then those neonates must not be offered oral antibiotic.

Eligibility Criteria:

- Gestational age ≥35 weeks
- Diagnosis: Presumed Early Onset Sepsis (EOS), on IV antibiotics
- CRP:
- Blood culture: no growth at 36 hours
- Clinical status: NEWTT2 Score 0 in last 24 hours, tolerating oral feeds
- Clinical decision for continuing the antibiotics beyond 36 hours.

Exclusion Criteria:

- Gestational age<35 weeks
- Rising CRP
- Blood culture: Positive at 36 hours (not deemed a contaminant)

**Please double click the above Appendix to access the full SWOSH All-Wales Guideline*

Appendix 2- Switching to Oral Antibiotics and Sending Home (SWOSH) PIL

GIG CYMRU NHS WALES | Rhwydwaith Mamolaeth a Newyddenedigol Cymru Wales Maternity and Neonatal Network

SWOSH

Switching to Oral Antibiotics and Sending Home

This leaflet explains what neonatal infection is and what signs to look out for when you go home. If you have any questions after reading this, please ask a member of the medical team.

Why does my baby need to complete a 5 day course of antibiotics?

Your baby is being given antibiotics because the doctors believe your baby has an infection. Antibiotics help to treat infections and keep your baby safe.
While in hospital, your baby started a course of antibiotics. A medical decision has been made for your baby to complete a 5 day course. To do this, the antibiotics will now be changed to an oral (by mouth) antibiotic to finish the course.

What oral antibiotic will my baby receive and are there any side effects?

Your baby will be given an antibiotic called Amoxicillin. This is a commonly used and safe medicine for newborn babies. It is also safe to use even if the baby's mother has a penicillin allergy.
Most babies take Amoxicillin without any problems. However, some may have mild, short-term side effects such as diarrhoea or vomiting. If you notice these or have any concerns, please seek medical advice.

Amoxicillin for bacterial infections - Medicines For Children
www.medicinesforchildren.org.uk

How should I give oral antibiotics to my baby?

Before you go home, a member of staff will show you how to give the oral antibiotic. They will explain when each dose should be given, when the final dose is due and answer any questions you may have.
For more information on how to give medicines, scan the QR code below.

How to give medicines: liquid medicine using an oral syringe from a bottle without a bung - Medicines For Children
www.medicinesforchildren.org.uk

What are the signs and symptoms of infection?

If you are worried about your baby while they are on antibiotics, please seek medical advice.

These are the signs to look out for:

- Unusual behaviour (inconsolable crying or very quiet)
- Being floppy
- Baby is having trouble feeding or being sick (vomiting)
- A temperature which is too low (below 36°C) or too high (above 38°C)
- Fast breathing or grunting noises
- A change in the colour of the skin (very pale, blue/grey or dark yellow)

How can I seek medical advice whilst my baby is being treated with oral antibiotics?

If you have any worries or need advice while your baby is taking antibiotics, please contact the Neonatal Unit in GUH on 01633 493547.

If you need help urgently, call 999 or go to the Emergency Department

Your baby's information may be used (in anonymised form) to help improve care and services. All data is kept confidential. Any concerns please speak to your healthcare provider.

Sources of information:
1. NICE guidelines on early onset neonatal infection
2. NOAH (Neonatal Oral Antibiotics at Home) website/resources
3. Medicines for Children
4. PADDINGToN Medicines Information Leaflet

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SWOSH