

8.2. RECOMMENDATION:

Should AUXILIARY NURSES deliver antibiotics for neonatal sepsis using a compact, prefilled, autodisable device (CPAD) such as Uniject?

Problem: Poor access to treatment for neonatal sepsis
Option: Auxiliary nurses delivering antibiotics for neonatal sepsis using CPAD
Comparison: Care delivered by other cadres or no care
Setting: Community/primary health care settings in LMICs with poor access to health professionals

Recommendation	<i>We recommend against the option</i>	<i>We suggest considering the option only in the context of rigorous research</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- We suggest considering this option only in the context of rigorous research. We suggest evaluating this intervention where auxiliary nurses are already an established cadre, where clear clinical protocols are available and where a well-functioning referral system is in place or can be put in place.		
Justification	There is insufficient evidence on the effectiveness of auxiliary nurses delivering antibiotics for neonatal sepsis using a CPAD, and its feasibility is uncertain. However, this intervention may be acceptable and may reduce inequalities by extending care to underserved populations. Also, giving intramuscular and intravenous injections are generally within the standard competencies of auxiliary nurses. We therefore suggest considering the option in the context of rigorous research.		
Implementation considerations	Not applicable		
Monitoring and evaluation			
Research priorities	Studies are needed to assess the effects and the acceptability of using auxiliary nurses to diagnose sepsis and deliver injectable antibiotics for neonatal sepsis using a CPAD		