

Clinical Guideline

Sepsis/Shock (Pediatric)

Severe Sepsis/Shock Criteria

2 or more of the following:

- Temp <96.8 or >100.4
- Abnormal WBC count (<5 or >15)
- Abnormal HR
- Abnormal RR

AND

Signs of End-Organ Involvement:

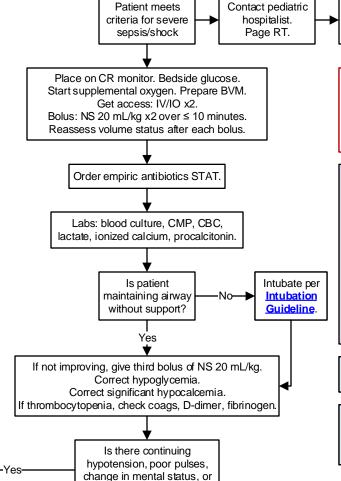
Altered mental status
Delayed cap refill
Cold/mottled extremities
Weak pulses
Difference between central and
peripheral pulses
Significantly decreased UOP
Hypotension
Bounding/brisk pulses with rapid cap refill

Continuing Management

- VS (including BP) at least Q15min.
- · Blood glucose Q30 min.
- Maintenance IVF with D5 + NS.
- Consider Foley.

Goals

- Cap refill <2 sec
- Normal BP for age
- Normal pulses
- Warm extremities
- UOP > 1 mL/kg/hour
- Normal mental status



delayed cap refill?

No

Monitor closely per Continuing

Management Box while

awaiting medevac.

Consult PICU by direct line: (907) 297-8809. Request medevac.

Use the Pediatric Critical
Care Guide and
ED Peds Critical Care
PowerPlan for all
medication dosing.

Village Management

- Consult pediatric hospitalist.
- Aggressive hydration: IV or PO.
- Supplemental oxygen via nasal cannula.
- · Monitor glucose.
- Treat hypoglycemia with Insta-Glucose tubes buccally – NOT rectally.
- Ceftriaxone 100 mg/kg IM.
- Activate medevac.
- Consider VTC.

See Wiki RMT Section for more detailed recommendations.

See this resource for a helpful table comparing the presentation and findings in sepsis, acute COVID, and MIS-C.

Continue to reassess and give boluses of NS 20 mL/kg unless patient develops rales, respiratory distress, hepatomegaly, or a gallop.

Start vasopressor and consider

methylprednisolone for fluid-refractory

If shock persists, consider a second pressor, calcium chloride, etc. in consultation with PICU.

Normal Vital Signs for Age

Empiric Antibiotic Choice

≤28 days

Ampicillin 75 mg/kg AND gentamicin 5 mg/kg. If concern for meningitis, give cefepime 50 mg/kg IV.

If concerned about HSV or neurologic impairment, add acyclovir 20 mg/kg.

>28 days

Ceftriaxone 100 mg/kg (max 2000 mg)
AND vancomycin 20 mg/kg (max 2000 mg)

If CVL in place, immunocompromised,

or significant Hx antibiotics in past 30 days Cefepime 50 mg/kg (max 2000 mg)

AND vancomycin 20 mg/kg (max 2000 mg)

If allergic to PCN

Meropenem 15 mg/kg (max 500 mg)

AND vancomycin 20 mg/kg (max 2000 mg)

If suspecting Staph or Strep

Consider adding clindamycin 13 mg/kg IV for anti-toxin effect.

(Source: Harriet Lane Handbook) **Heart Rate** Respiratory Rate **Blood Pressure** Mean Arterial BP Age (breaths/min) (beats/min) (mm Hg) (mm Hg) 0-3 months 100-150 35-55 65-85 / 45-55 50th percentile 70-90 / 50-65 3-6 months 90-120 30-45 55 + (age x 1.5) 6-12 months 80-120 25-40 80-100 / 55-65 5th percentile 20-30 90-105 / 55-70 1-3 years 70-110 40 + (age x 1.5) 20-25 95-110 / 60-75 3-6 years 65-110 60-95 14-22 100-120 / 60-75 6-12 years 12-18 100-135 / 65-85 >12 years 55-85

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 9/16/24.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact

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