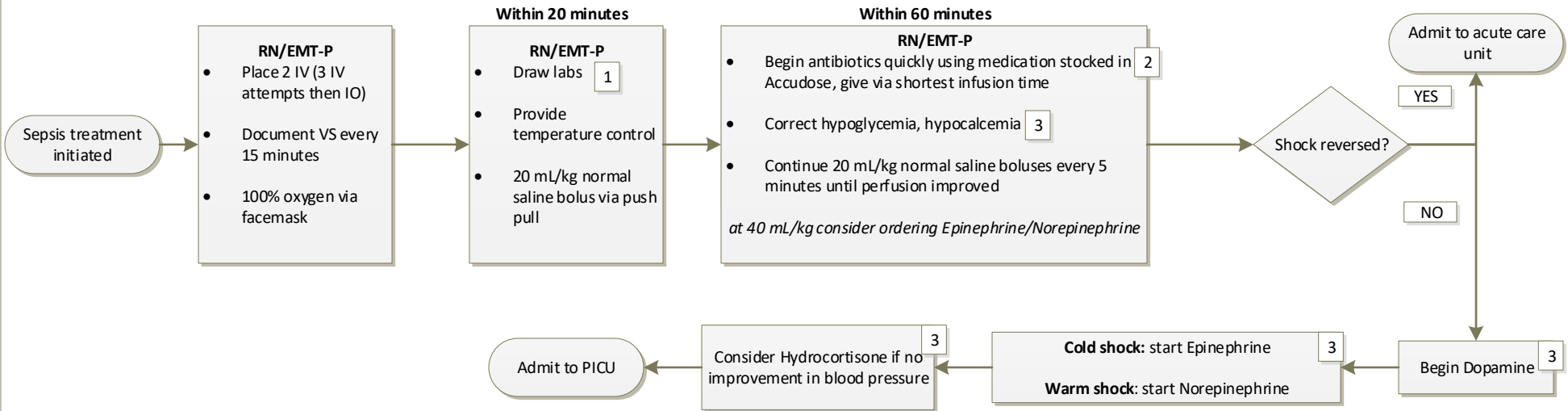


Sepsis Treatment

Clinical Practice Guideline



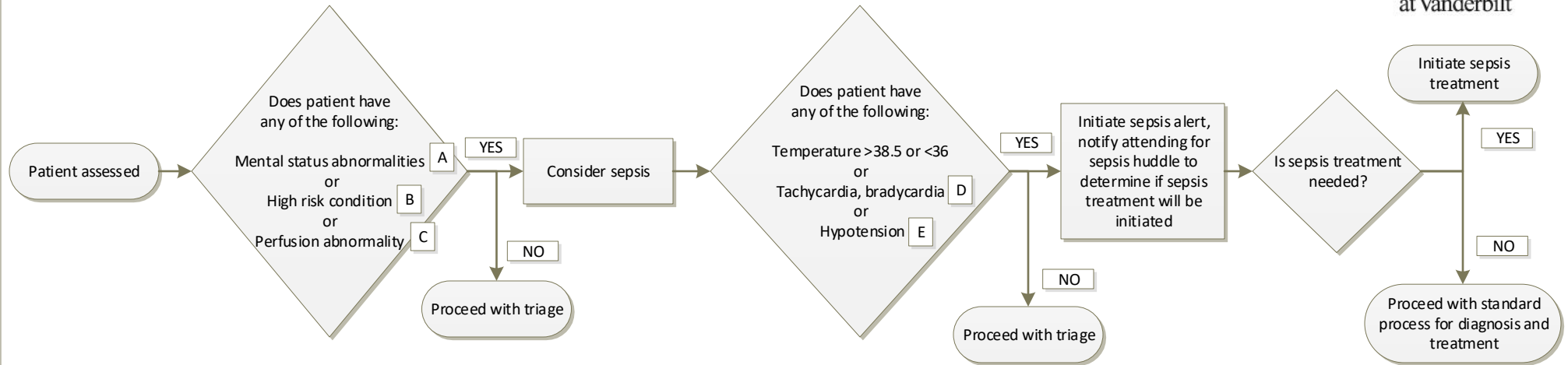
- Labs** 1
- Tier 1**
- VBG
 - Blood culture
- Tier 2**
- Blood glucose
 - UA
 - Urine culture
 - CBC with differential
 - CMP
 - ESR/CRP
 - Coags
 - Ionized Calcium
- Tier 3**
- Cortisol
 - Type and screen
- (Tiers represent order of priority for obtaining labs)*

Type of Patient	Comment	Medication	Dose	Max Dose 2
Healthy kids > 29 days		Ceftriaxone	100 mg/kg	2000 mg
		Vancomycin	20 mg/kg	1250 mg
	Suspect toxic shock <u>add</u>	Clindamycin	13 mg/kg	900 mg
	Suspect RMSF or tick borne <u>add</u>	Doxycycline	2.2 mg/kg	100 mg
	Suspect abdominal bugs <u>add</u>	Metronidazole	10 mg/kg	500 mg
Young infant 0-28days	Refer to FEBRILE NEONATE CPG			
Immunosuppressed Oncology	Refer to CODE YELLOW CPG			
Sickle Cell Disease		Ceftriaxone	50 mg/kg	1000 mg
		Vancomycin	20 mg/kg	1250 mg
	Suspect acute chest <u>add</u>	Azithromycin	10 mg/kg	500 mg
<i>Penicillin allergy: Use Cefepime 50 mg/kg (max 2000 mg) + Metronidazole 10 mg/kg (max 500 mg) instead of Zosyn</i>				
<i>Cephalosporin allergy: Use Ciprofloxacin 10 mg/kg IV (max 400 mg) instead of cephalosporin</i>				

- Additional Medications** 3
- Hypoglycemia: **Dextrose** 0.5 grams/kg = 5 mL/kg D10
 - Hypocalcemia: **Calcium Gluconate** 50 mg/kg (max dose 1000 mg)
 - Adrenal Insufficiency: **Hydrocortisone** 100 mg/m² x 1, obtain cortisol if able
 - **Dopamine** 10 mcg/kg/min (max 20 mcg/kg/min): up to 10 mcg/kg/min ok through PIV
 - **Epinephrine** 0.1-1 mcg/kg/min IV/IO infusion, titrate to desired effect
 - **Norepinephrine** 0.1-2 mcg/kg/min IV/IO infusion, titrate to desired effect

PED Sepsis Screening

Clinical Practice Guideline



- Mental Status Abnormalities:** A
- Agitation
 - Anxiety
 - Confusion
 - Difficult to arouse
 - Drowsiness
 - Inappropriate crying
 - Inconsolable
 - Restlessness

- High Risk Conditions:** B
- Asplenia
 - Central line
 - Clinical concern for sepsis
 - Developmental delay or CP
 - Obvious source of infection
 - Oncologic patient
 - On immunosuppressants
 - Parental report of temperature abnormality if high risk
 - Petechial or purpuric rash
 - Sickle cell disease
 - s/p transplant

- Perfusion Abnormalities:** C
- Cool extremities, cap refill > 3 sec, diminished pulses, mottling
 - Warm extremities, cap refill < 1 sec, bounding pulses, flushed

Age	HR
0 mo -1 yr	>180
2 yr- 5 yr	>140
6 yr- 12 yr	>130
13 yr- 18 yr +	>120

Hypotension (SBP mmHg for age)	
Term neonate (0-28 days)	<60
Infants (1-12 months)	<70
Children (1-10 years)	<70 + (age in years x 2)
Children >10 years	<90

References:

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Intervention Prioritization:

If there are not multiple members available, proceed in this order

- Place in room, notify MD, place on monitor, NPO
- 100% oxygen via facemask
- Place 2 IV (3 attempts, then IO)
- Draw labs (VBG & blood culture most important), obtain urine
- 20 mL/kg normal saline bolus via push pull (within 20 minutes)
- Begin antibiotics as soon as possible (within 60 minutes)
- Temperature control
- Continue 20 mL/kg normal saline every 5 minutes until perfusion improves
- Correct hypoglycemia, hypocalcemia
- At 40 mL/kg consider Epinephrine/Norepinephrine
- Document vital signs every 15 minutes
- Begin Dopamine, Epinephrine, or Norepinephrine
- Consider hydrocortisone
- Disposition to floor or PICU