SEPSIS



Together, we can **Stop** the progression using:

- Knowledge
- **Early Recognition**
- **Urgent Treatment**

For direct medical guidance, call the Oishei Children's Hospital Transfer Center at (716) 878-7888

YES

Are there signs of any INFECTION?

(+ High or low temp)

Increased SUSPICION IF:

- Age<30 days
- Immune compromised
- Indwelling medical device
- Asplenia, Sickle Cell
- Non-verbal

All patients are at risk for sepsis

*Common signs of organ failure:

Heart: BD>-5, Lactate>4, UOP<0.5ml/

kg/h, CR>5s

Resp: SpO2<92% on 50% O2 **CNS:** Mental status change

Screen for end-organ dysfunction:

- 1. Mental status depressed from baseline?
- 2. Excessive tachycardia†?
- 3. Perfusion different from baseline?

YES to ≥2



CONFIRM Severe Sepsis

†EXPECTED HR at each core temp

Age	38.9°	39.4°	40°	40.6°
<2 years	190 _{bmp}	195	200	205
2-5 years	150	155	160	165
6-12 years	140	145	150	155
>13 years	120	125	130	135

Assess patient situation:

- ☐ Patent IV access?
- ☐ Need a 2nd PIV?
- ☐ On monitors and oxygen?
- ☐ Abx started <12 hrs ago?
- IVF given in <2 hrs?</p>
- ☐ CBC, BMP, VBG, lactate <4hrs ago?
- ☐ Blood culture <24hrs ago?

Place Sepsis/Septic Shock Order Set

First 15 minutes:

- 1. If no IV, place IV or IO + send labs: a. VBG with lactate, CBC, BMP, BCx
- 2. Start IV fluid bolus 20ml/kg via push/pull
- 3. Start 100% Oxygen (regardless of SpO2)

Recheck HR, perfusion, BP

Still abnormal or worse

15 to 30 minutes:

- 5. Assess for rhonchi and hepatomegaly, if absent: start 2rd IV fluid bolus 20ml/kg push/pull
- 6. Call the Oishei Children's Hospital Transport Team at 878-7888

Recheck HR, perfusion, BP

Still abnormal **I** or worse

30 to 45 minutes:

- 7. Assess for rhonchi and hepatomegaly, if absent: start 3rd IV fluid bolus 20ml/kg push/pull
- 8. LFTs, DIC panel, Type and Screen; CXR, UA.
- 9. Order EPINEPHRINE 0.05-0.1mcg/kg/min
- 10. Intubate (fentanyl 2mcg/kg OR ketamine 1mg/kg + rocuronium 1mg/kg)

‡ Has to be administered by a physician

Hypotension (by age):			
<30 days:	SBP <60		
1-23 mo:	SBP <70		
2-5 yrs:	SBP <75		
6-12 yrs:	SBP <85		
13-18 yrs:	SBP <90		
Adults:	SBP <100		

Antibiotic Recommendations:

Ceftriaxone 50mg/kg (max 2g)

Vancomycin 15mg/kg (max 2g)

Intra-abdominal pathology:

Zosyn 100mg/kg piperacillin (max 3g pip + 375 mg tazo) Immune compromised:

Zosyn + Vanc

Neonates:

Amp 50mg/kg + Gent 4mg/kg PCN allergic: Meropenem 20mg/kg

OR Levofloxacin kg 10mg/kg (max 750 mg)



Hydrocortisone 2mg/kg IV Tx To PICU



