Sepsis

Pediatric Emergency Medicine

ED workup · Administer 02 **Antibiotics:** • Establish IV/IO x 1-2 and start fluid resuscitation · VBG w/lactate and lytes (Start as fast as possible, · Blood and urine cultures • Obtain cultures and labs, including VBG w/lytes and within 60 min) lactate (see box to left) (leave foley in place) · Ceftriaxone and Vancomycin Start antibiotics and control source of infection · Add Clinda for toxic shock · Hepatic panel and lipase · Correct hypoglycemia and hypocalcemia · Substitute Cefepime for · CBC with diff smear · Consider steroids if suspected adrenal insufficiency immuno-suppressed Coags/DIC labs or chronic systemic steroid use • Pip-tazo or Meropenem for Type/Screen suspected GI source CXR Meropenem for PCN allergic EKG Viral panel (if symptoms) Fluid Resuscitation: (Start as fast as possible, goal within 5-10 minutes) • Give NS or LR fluid bolus of 20 mL/kg as rapidly as possible by push-pull, pressure bag, or rapid infusor Reassess patient between each bolus for response and signs of fluid overload · May repeat up to 40-60 ml/kg if beneficial Fluid refractory shock: Shock resolved No Yes Manage as appropriate • Start epi or norepi drip at 0.05-0.1 or signs of overload? mcg/kg/min · Consider obtaining echo early to help guide therapy

Presumed severe sepsis or septic shock

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Manage as appropriate

Yes

Shock resolved?

No

Catecholamine resistant shock:

· Discuss next steps with PICU

• Start Hydrocortisone at 2 mg/kg (max dose 100 mg)

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ED Sepsis Guideline Executive Summary

Children's Hospital of Richmond at VCU ED Sepsis Workgroup

Pediatric Emergency Medicine Owner: Jonathan Silverman, MD Pediatric Emergency Medicine: Christina Kirshenbaum, MS, RN, CPN

Pediatric Emergency Medicine Nursing Practice Council (consulting): Celia Hanson, RN, CPEN

Approved (August 2021)

Pediatric Emergency Medicine Quality Committee: Rashida Woods. MD

Chief of Pediatric Emergency Medicine: Frank Petruzella, MD, MS

CHOR Clinical Guidelines Committee: Jonathan Silverman, MD, MPH Ashlie Tseng, MD

CHoR Quality Council, Executive Sponsor: Matthew Schefft, DO, MSHA Dory Walczak, MS, RN, NE-BC, CPHQ

References

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Authors:

Jonathan Silverman, MD Celia Hanson, RN, CPEN

Christina Kirshenbaum, MS, RN, CPN

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Retrieval website: http://www.chrichmond.org/clinicalguideline-EDsepsis

Example

Children's Hospital of Richmond at VCU, Silverman J, Kirshenbaum C, Hanson C. Sepsis Guideline. Available from: http://www.chrichmond.org/clinicalguideline-EDsepsis

