

# Clinical Guideline

# Pediatric Sepsis/Shock

#### **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

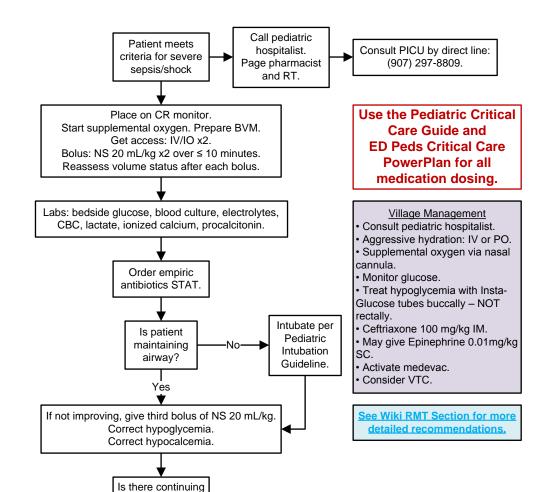
Hypotension

Bounding/brisk pulses with rapid cap refill

# Continuing **Management**

- VS (including BP) at least Q15min. Blood glucose
- Q30 min. Maintenance IVF
- with DNS.
- Consider Foley.

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



# Yes Start vasopressor and consider methylprednisolone for fluid-refractory shock in consultation with the PICU. Continue to reassess and give boluses of NS 20 mL/kg unless patient develops rales, respiratory distress, hepatomegaly, or a gallop. If shock persists, consider a second pressor, calcium chloride, etc. in consultation with PICU.

## **Empiric Antibiotic Choice**

### ≤28 days

hypotension, poor pulses, change in

mental status, or delayed cap refill?

Νo

Monitor closely per

Continuing

Management Box

while awaiting

medevac.

Ampicillin 50 mg/kg AND gentamicin 4 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 antitoxin effect.

Age	HR (beats/minute)		RR (breaths/minute)		Hypotension (sBP
	Bradycardia	Tachycardia	Low	High	in mmHg)
0 days - 1 week	<100	>200	<30	>70	<60
1 week - 1 month	<100	>200	<30	>70	<60
1 – 3 months	<100	>180	<20	>60	<70
3 - 12 months	<100	>180	<20	>60	<70
1 - 2 years	<90	>160	<20	>40	<70
2 - 6 years	<60	>160		>40	<80
6 - 13 years	<60	>120		>23	<90
13 - 18 years	<60	>110		>23	<90

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 MSEC 10/9/19.

If comments about this guideline, please contact Amy\_Carson-Strnad@ykhc.org.