

# Clinical Guideline

## Sepsis/Shock (Pediatric)

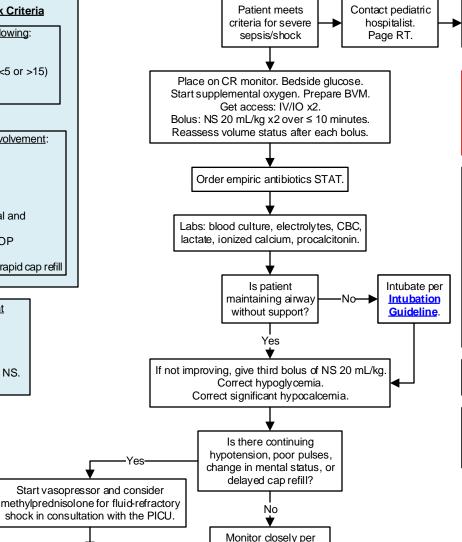
### Severe Sepsis/Shock Criteria 2 or more of the following: Temp <96.8 or >100.4 Abnormal WBC count (<5 or >15) Abnormal HR Abnormal RR AND Signs of End-Organ Involvement: Altered mental status Delayed cap refill Cold/mottled extremities Weak pulses Difference between central and peripheral pulses Significantly 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</li>
- Normal BP for age
- Normal pulses
- Warm extremities
- UOP > 1 mL/kg/hour
- Normal mental status



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.

# shock in consultation with the PICU. Continue to reassess and give boluses of NS 20 mL/kg unless patient develops rales,

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

respiratory distress, hepatomegaly, or a gallop.

### **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.

### Vital Signs for Age

(Source: Harriet Lane Handbook)

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Age	Heart Rate (beats/min)	Respiratory Rate (breaths/min)	Blood Pressure (mm Hg)	Mean Arterial BP (mm Hg)
0-3 months	110-160	30-60	65-85 / 45-55	th
3-6 months	100-150	30-45	70-90 / 50-65	50 <sup>th</sup> percentile 55 + (age x 1.5)
6-12 months	90-130	25-40	80-100 / 55-65	
1-3 years	80-125	20-30	90-105 / 55-70	5 <sup>th</sup> percentile 40 + (age x 1.5)
3-6 years	70-115	20-25	95-110 / 60-75	,
6-12 years	60-100	14-22	100-120 / 60-75	
>12 years	60-100	12-18	100-120 / 70-80	

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 2/1/22.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact

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