

PEDIATRIC SEPSIS

HPI	High Risk Condition	Differential Diagnosis
<ul style="list-style-type: none"> Fever, chills, sweats Recent antibiotic use Suspected, documented infection 	<ul style="list-style-type: none"> Cancer Asplenia Sickle Cell Bone marrow transplant Solid organ transplant Indwelling catheters Immunosuppression Immunodeficiency 	<ul style="list-style-type: none"> Hypovolemic shock Cardiogenic shock

Pediatric Sepsis Inclusion Criteria

	< 28 days	1-12 mo.	1-2 yrs	2-4 yrs	5-12 yrs	13-15 yrs
Heart rate	> 205		> 190	> 140		> 100
Respiratory rate	> 60		> 40		> 34	> 25
Temperature	> 100.4 F					
Capillary refill	delayed > 3 sec., mottled					
SBP	< 60	< 70	< 70+2(age)			< 90
Mental status	Unresponsive, confused, inappropriate, lethargic					

	EMR	EMT	PM
1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG, monitor Capnography.		•	•
3. Evaluate for suspected or documented infection		•	•

UNSTABLE: Any 2 or more of the above listed criteria

4. If ≥ 2 criteria met, call OLMC for SEPSIS ALERT	•	•
5. NORMAL SALINE 20 mL/kg increments, may repeat if remain unstable, max. 60mL/kg, titrate to MAP ≥ 65		•
6. If condition continues to deteriorate and MAP < 65 despite NORMAL SALINE contact OLMC : <u>PUSH DOSE EPINEPHRINE:</u> 1 mcg/kg IVP/IO, max. single dose 50 mcg, repeat 5 min., max. total 100mcg, target MAP 65		•

PEARLS:

- Bedside report to hospital to include total amount of IVF infused
- Monitor closely for signs of respiratory distress, rales or delayed capillary refill
- Early, aggressive IV fluid administration is essential in the treatment of suspected sepsis or septic shock.

NOTE:

- Volume sensitive children (neonates, congenital heart diseases, chronic lung disease, chronic renal failure) initial **NORMAL SALINE** of 10mL/kg (Max of 250mL)