Infant ≥28 Days of Age and Children with Severe Sepsis / Septic Shock

MD/CRNP/RN Rapid Assessment:
- Begin Supplement O2 regardless of SpO2
- Immediate IV Access, IV Escalation Plan
- NS or LR 20-30 mL/kg boluses
- Order antibiotics and labs, obtain cultures
- Administer 1st antibiotic within first 60 minutes
- Correct hypoglycemia, hypocalcemia
- Use Critical Care Sepsis Power Plan

Monitor Response:
VS Targets,
Clinical Goals
Frequency of Assessments

Repeat 20 mL/kg boluses

Control Infection Source

If > 40 mL/kg, order epinephrine to bedside

Patient is experiencing Fluid Refractory Shock
(shock persists despite 60 mL/kg fluid resuscitation)
Consider CVL, Arterial line, Foley

Catecholamine Resistant Shock

Does the pt have a low or normal BP with the cold shock?

Low BP

Cold

Warm

Is the pt’s shock warm, cold, or catecholamine resistant?

COLD SHOCK – LOW BP
- Start epinephrine (0.02 mcg/kg/min) and titrate as needed
- Consider: norepinephrine, dobutamine
- PRBC if Hgb < 10 g/dL
- Consider: BNP, ECHO, ETT

WARM SHOCK
- Start norepinephrine (0.05 mcg/kg/min) and titrate as needed
- Consider epinephrine, vasopressin
- PRBC if Hgb < 10 g/dL
- Consider ETT

COLD SHOCK – NORMAL BP
- Start epinephrine (0.02 mcg/kg/min) and titrate as needed
- Consider milrinone or dobutamine if (ScvO2 < 70% or lactate elevated)
- PRBC if Hgb < 10 g/dL
- Consider: BNP, ECHO, ETT

Give stress-dose hydrocortisone
Evaluate for:
- Pericardial Effusion
- Pneumothorax
- Intra Abdominal Hypertension
- Primary cardiac dysfunction

Consider ECMO

Adjuvant Therapies:
IVIG
Plasma Exchange
Diuresis
RRT

Immunocompromised Patients

Nutrition, PICU Initiation and Advancement Pathway

Continue to Monitor Clinical Goals Following Resolution of Shock
- Wean FiO2 to keep SpO2 92-97%
- Continue lung protective strategies
- Consider diuretics or dialysis if fluid overload > 10-15%
- PRBCs if Hgb < 7 g/dL
- Wean hydrocortisone when vasoactive infusions no longer required
- Monitor culture results and reassess antibiotic coverage
- Consult ID if culture negative sepsis to determine negative sepsis to determine antibiotic duration PT/OT consult, consider PM&R consult

PICU Discharge