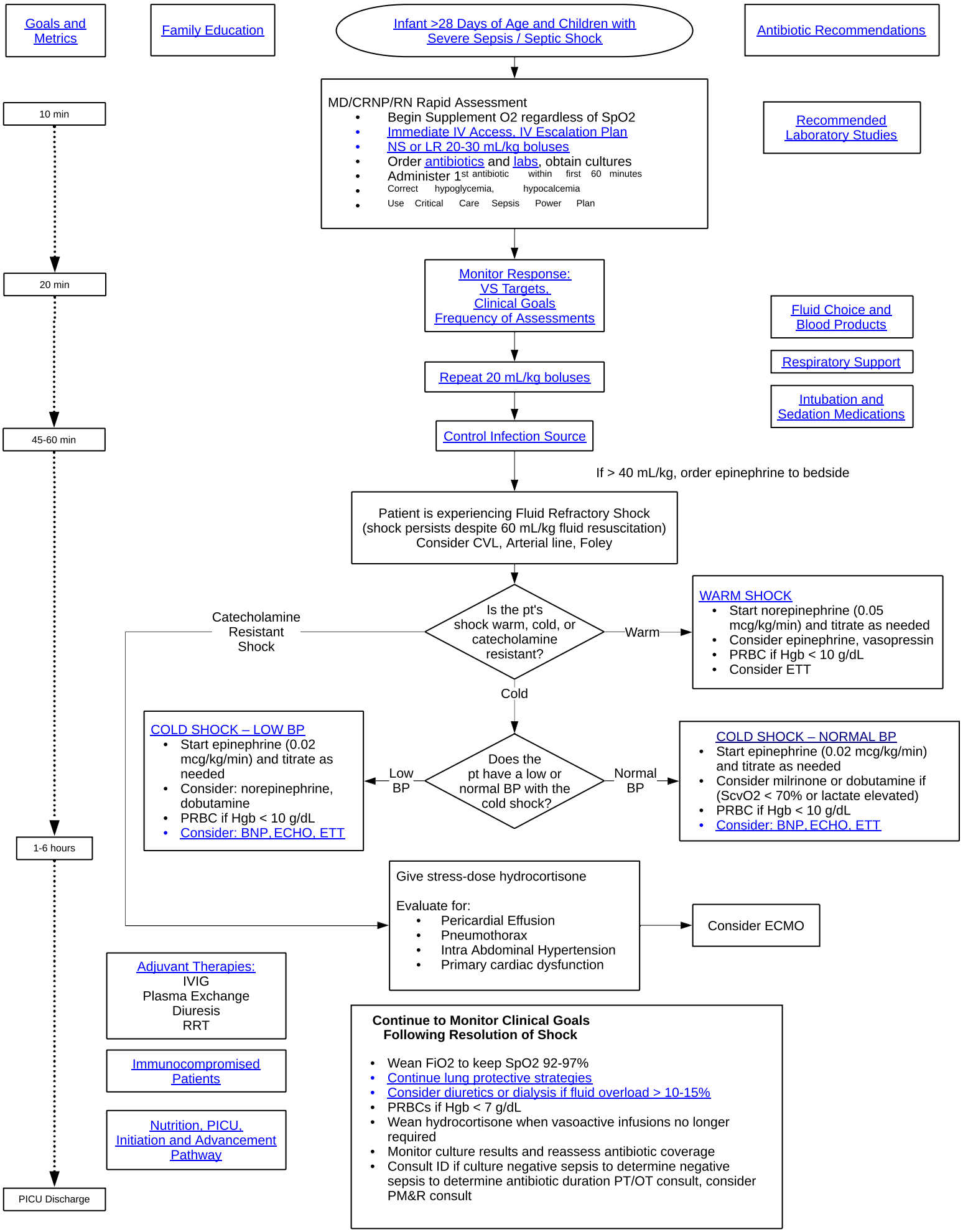
Goals and Metrics
Family Education
Infant >28 Days of Age and Children with Severe Sepsis / Septic Shock
Antibiotic Recommendations
10 min
MD/CRNP/RN Rapid Assessment
Begin Supplement O2 regardless of SpO2
Immediate IV Access, IV Escalation Plan
NS or LR 20-30 mL/kg boluses
Order antibiotics and labs, obtain cultures
Administer 1st antibiotic within first 60 minutes
Correct hypoglycemia, hypocalcemia
Use Critical Care Sepsis Power Plan
Recommended Laboratory Studies
20 min
Monitor Response: VS Targets, Clinical Goals Frequency of Assessments
Fluid Choice and Blood Products
Respiratory Support
Repeat 20 mL/kg boluses
Intubation and Sedation Medications
45-60 min
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
Is the pt's shock warm, cold, or catecholamine resistant?
Warm
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
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
Low BP
Does the pt have a low or normal BP with the cold shock?
Normal BP
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
1-6 hours
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