

[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 1<sup>st</sup> 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](#)

45-60 min

[Repeat 20 mL/kg boluses](#)

[Respiratory Support](#)

[Control Infection Source](#)

[Intubation and Sedation Medications](#)

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

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

**WARM SHOCK**

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

Catecholamine Resistant Shock

**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](#)

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

**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