Clinical Guideline

This guideline should not replace clinical judgment.

Sepsis

Inpatient Pediatrics

Concern for sepsis?

1. +SIRS/Sepsis alert plus positive RN secondary screen
2. +Severe Sepsis alert
3. RN/MD/parent concern for Sepsis/Septic Shock

IF YES TO ANY, THEN CALL SEPSIS HUDDLE

Off service teams consider Peds Hospital Medicine Consult
(pager ID is Ped House Officer, consult order sentence is IP Peds: General Peds)

↓

Sepsis huddle discussion elements

1. Change in mental status or hemodynamics (cap refill, pulses, cold or mottled extremities, BP)
2. New or increasing oxygen requirement or WOB
3. Clinical or lab evidence of organ dysfunction (lactate ≥ 2, coags, cytopenias, LFTs, renal function, etc)
4. High risk conditions (indwelling lines/caths, medically complex, immunosuppressed/immunocompromised)

↓

Team/Parent concern for Sepsis/Septic Shock?

Yes → Call Pediatric Sepsis RRT at *500 and initiate sepsis treatment phase

No →

- Consider obtaining sepsis labs, including lactate and blood culture
- Consider bolus, starting or broadening antibiotics
- Frequent team reassessement
- Repeat VS at 30 min, then every 2 hrs x 2
- Consider transfer to stepdown or PICU

Clinical Guideline

This guideline should not replace clinical judgment.

Sepsis

Inpatient Pediatrics

Sepsis Treatment
Call Pediatric Sepsis RRT at *500

Sepsis:
Suspected severe infection with organ dysfunction (formerly "severe sepsis")

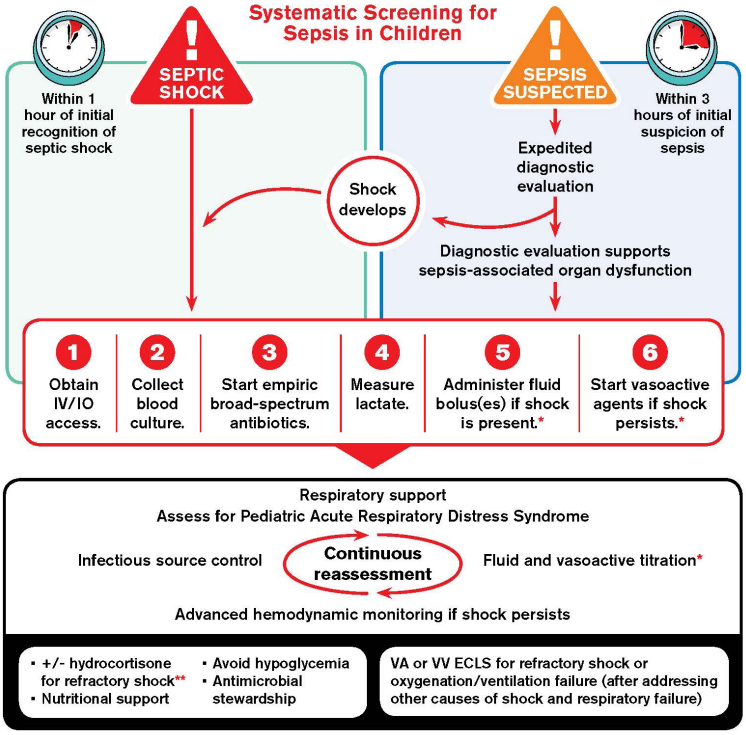
Septic Shock:
Suspected severe infection with cardiovascular dysfunction hypotension, poor perfusion, elevated lactate

- Use IP Pediatrics Sepsis PowerPlan
- Pull first dose antibiotics from pyxis

  (Ampicillin, Cefazolin, Cefepime, Ceftriaxone, Clindamycin, Gentamicin, Meropenem, Pip Tazo and Vancomycin available on override)
- Consider IM antibiotics if necessary
- Reassess after each bolus and hold for signs of CHF
- Consider Peds ID consult
- Guidelines allow for 3 hour window from *recognition* for *Sepsis*, however we strive for treatment within one hour for ***all*** patients

Initial Resuscitation Algorithm for Children

Surviving Sepsis Campaign



https://www.sccm.org/SurvivingSepsisCampaign/Guidelines/Pediatric-Patients

PICU Transfer Criteria

- Hemodynamic instability (low BP, delayed cap refill, lactate ≥ 2) unresponsive to fluid resuscitation or frequently recurring instability after a period of recovery
- Altered mental status from baseline
- VS reassessments persistently required more frequently than every 2 hours (does not apply to frequent VS and reassessment during initial 2 hours post huddle, nor for protocols for blood, IVIG, chemo and other related treatments)
- RN/Provider concern that patient is high risk for continued decompensation/concerning trajectory
- Patients with multiple sepsis huddles and/or RRT and/or RRTs with concern for serious underlying illness
- Prolonged difficult IV access causing delay in care
- Prolonged RRT/increase in nursing intensity

Children's Hospital of Richmond at VCU

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Inpatient Sepsis Guideline
Executive Summary

Children's Hospital of Richmond at VCU Inpatient Sepsis Workgroup

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Approved (July 2020)

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References

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Retrieval website: **http://www.chrichmond.org/clinical-guideline-InpatientSepsis**

Example:
Children's Hospital of Richmond at VCU, Lowerre T, Silverman J, Karam O. Sepsis Guideline. Available from: http://www.chrichmond.org/clinical-guideline-InpatientSepsis