**Clinical Guideline**  
**Pediatric ED Sepsis**

**ED workup**  
- VBG w/lactate and lytes  
- Blood and urine cultures (leave foley in place)  
- BMP  
- Hepatic panel and lipase  
- CBC with diff smear  
- Coags/DIC labs  
- Type/Screen  
- CXR  
- EKG  
- Viral panel (if symptoms)

**Presumed severe sepsis or septic shock**  
- Administer 02  
- Establish IV/IO x 1-2 and start fluid resuscitation  
- Obtain cultures and labs, including VBG w/lytes and lactate (see box to left)  
- Start antibiotics and control source of infection  
- Correct hypoglycemia and hypocalcemia  
- Consider steroids if suspected adrenal insufficiency or chronic systemic steroid use

**Fluid Resuscitation:**  
(Start as fast as possible, goal within 5-10 minutes)  
- Give NS or LR fluid bolus of 20 mL/kg as rapidly as possible by push-pull, pressure bag, or rapid infusor  
- Reassess patient between each bolus for response and signs of fluid overload  
- May repeat up to or over 60 mL/kg total bolus fluid

**Antibiotics:**  
(Start as fast as possible, within 60 min)  
- Ceftriaxone and Vancomycin  
- Add Clinda for toxic shock  
- Substitute Cefepime for immuno-suppressed  
- Pip-tazo or Meropenem for suspected GI source  
- Meropenem for PCN allergic

**Fluid refractory shock:***  
- If warm shock, start Norepinephrine at 0.05-0.1 mcg/kg/min  
- If cold shock, start Epinephrine at 0.05-0.1 mcg/kg/min

**Catecholamine resistant shock:**  
- Start Hydrocortisone at 2 mg/kg (max dose 100 mg)  
- Discuss next steps with PICU

For questions concerning this guideline, contact: chrichmond.org

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ED Sepsis Guideline

Executive Summary

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References


Citation

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Example: