



Scope of Patients

- All patients from 37 weeks gestation at birth to 18 years old with severe sepsis or septic shock as defined in the 2005 International Pediatric Sepsis Consensus Conference
- Exclusions: newborns and neonates



Antimicrobial Therapy

- Blood cultures before empiric ABX therapy
 - 1 hour within septic shock signs
 - 3 hours within sepsis-associated organ dysfunction
- Perform daily assessments to decrease ABX therapy

Ventilation

- Avoid using inhaled nitric oxide
- Weak recommendations:
 - Use high PEEP in PARDS
 - Use prone positioning
 - Avoid etomidate when intubating patients with septic shock or other sepsis-associated organ dysfunction



Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children



Fluid Therapy and Hemodynamics

- In absence of hypotension, no administration of bolus fluids
- No starch fluid therapy
- Hemodynamic monitoring values: cardiac output/cardiac index, systemic vascular resistance, or central venous oxygen saturation
- Obtain central venous access ASAP

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Images from Microsoft PowerPoint

Endocrine and Metabolic Treatment

- Avoid using insulin therapy to maintain blood glucose at or below 140 mg/dL
- Weak recommendations:
 - Target normal blood calcium levels
 - Use levothyroxine in euthyroid states
 - Antipyretic therapy
 - Use NG tube for feedings
 - Avoid routine use of stress ulcer prophylaxis
 - Avoid lipid, arginine, zinc, glutamine, vitamin C, vitamin D, thiamine, & selenium supplementation in patients
- No recommendations:
 - Low or full enteral feeding
 - Target blood glucose levels



Screening tools

- Tailored toward the type of patient, resources available at the hospital, and institutional processes

Weiss, Scott L., MD, MSCE, FCCM, et al., (2020). Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children. *Pediatric Critical Care Medicine*, 21(2), e52-e106.
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