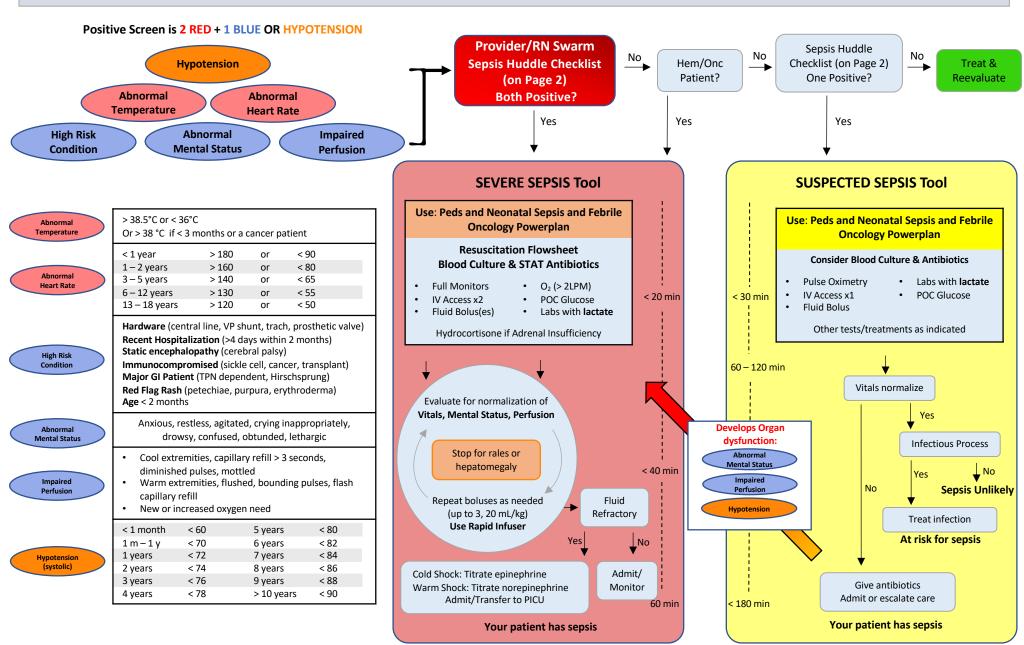
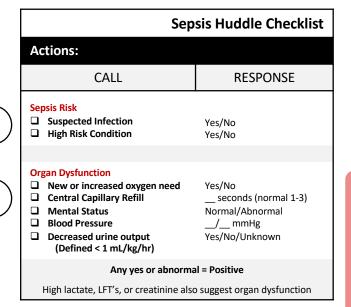
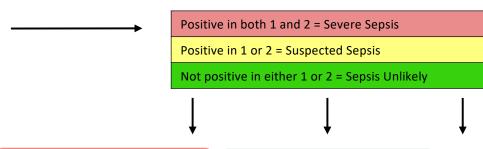
UNMH Pediatric Sepsis Pathway



UNMH Children Hospital Sepsis Huddle Checklist





Severe Sepsis

- Update Family
- Inform Attending Regardless of Hour
- Notify Charge Nurse and Admin Supervisor
- Use UNMH Pediatric Sepsis Pathway
- Document Status Change

Suspected Sepsis

- Update Family
- Inform Attending within an hour (immediately during the day)
- Notify Charge Nurse (and consider Admin Sup)
- Use UNMH Pediatric Sepsis Pathway
- Document Status Change

Sepsis Unlikely

- Update Family
- Treat cause of vital sign changes (pain, anemia, dehydration)
- Re-evaluate for resolution

High Risk Condition Hardware (central line, VP shunt, trach, prosthetic valve)
Recent Hospitalization (> 4 days within 2 months)
Static encephalopathy (cerebral palsy)
Immunocompromised (sickle cell, cancer, transplant)

Major GI Patient (TPN dependent, Hirschsprung)
Red Flag Rash (petechiae, purpura, erythroderma)

Hypotension

< 1 month	< 60	5 years	< 80
1 m – 1 y	< 70	6 years	< 82
1 years	< 72	7 years	< 84
2 years	< 74	8 years	< 86
3 years	< 76	9 years	< 88
4 years	< 78	> 10 years	< 90

<u>Update Family</u> (with Interpreter)

Your child has signs of a serious infection that we are worried is getting worse

We are worried your child may be getting a more serious infection

We came to check on your child because we were worried they might have a serious infection, but we don't think they have a serious infection. Instead we think your child is (in pain, having a medication side effect, dehydrated).

We are going to (run more tests, give pain medication, give fluids, antibiotics, admit to hospital, transfer to PICU)

A team member will be back within 30 minutes 1 hour to see how your child is doing

Please tell us if your child is (breathing faster, not waking easily)

You can tell us by (using your call button, telling your bedside nurse)

(Teach back to confirm) I want to make sure I explained this well for you. Can you tell me what we are going to do for your child, and what we want you to do?

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SEPSIS MEDICATION RECOMMENDATIONS

Pediatric Sepsis and Oncology (>60 days) Powerplan	
Previously Healthy, No Central Line	Ceftriaxone +/- Vancomycin
Immunocompromised*, Transplant, Recent Hospitalization (> 4 days within 2 months), or Central Line	Cefepime +/- Vancomycin

*Immunosuppressive Medications

Azathioprine/Mercaptopurine, Anakinra, Cyclophosphamide, Etanercept, Monoclonal antibodies (e.g., infliximab, vedolizumab, rituximab, etc.), mycophenolate mofetil, oral or SQ methotrexate > 5 mg, Prednisone 2 mg/kg/day or >20 mg daily (> 2 weeks), Tacrolimus/Sirolimus

< 60 days old

≤28 days: Ampicillin + Ceftazidime ± Acyclovir
>28 days: Ceftriaxone OR [Ampicillin + Gentamicin]

Shock Definitions

Fluid Responsive < 60 mL/kg isotonic fluids resolves shock

Fluid Refractory Persists with ≥ 60 mL/kg isotonic fluids

Warm Shock Flash capillary refill, bounding pulses, wide pulse pressure

Cold Shock Capillary refill > 2 seconds, mottled extremities, diminished pulses

Unusual antibiotic situations		
Suspected Intraabdominal Source (Major GI and TPN dependent patients)	Ceftriaxone + Flagyl (if no shock) OR Piperacillin/ Tazobactam + Vanc (if ill)	
Anaphylactic Penicillin Allergy or True Cephalosporin Allergy	Aztreonam	

Adrenal Insufficiency

0 – 3 Years: 25 mg IV Hydrocortisone 3 – 12 Years: 50 mg IV Hydrocortisone > 12 Years: 100 mg IV Hydrocortisone

	(order q12h) (order q8h)
< 10 kg	50 mg/kg
10 – 11.9	540 mg
12 – 14.6	660 mg
14.7 – 17.7	800 mg
17.8 – 21.3	960 mg
21.4 – 25.6	1160 mg
25.7 – 31.1	1400 mg
31.2 – 37.7	1700 mg
37.8+ kg	2000 mg

(Loading	Vanco Dose – Do n	omycin ot load if <	6 months)
< 10 kg	25 mg/kg*	44.5-55.5	1250 mg
10– 12.2	275 mg	55.6 – 66.5	1500 mg
12.3 – 14.8	335 mg	66.6 – 77.5	1750 mg
14.9 – 17.7	400 mg	77.6+ kg	2000 mg
17.8 – 22.2 22.3 – 27.1 27.2 – 33.3 33.4 – 40 40.1 – 44.4	27.1 610 mg 33.3 750 mg 40 900 mg	loading do or check cr	

(based on	Pipercillin)
10 – 12.2 kg	1100 mg
12.3 – 14.8	1340 mg
14.9 - 18	1620 mg
18.1 - 22	1980 mg
22.1 – 26.6	2400 mg
26.7 - 30	3000 mg
>30 kg: 3375 then 3375 mg	g extended 4-
hour infusion	ı q8h

Zosyn

Vasopressor Starting Doses for Fluid Refractory Shock (mixing instructions on code sheets)	
Dopamine (Cold Shock)	5 - 15 mcg/kg/min
Epinephrine (Cold Shock)	0.03 – 0.3 mcg/kg/min
Norepinephrine (Warm Shock)	0.03 – 0.5 mcg/kg/min