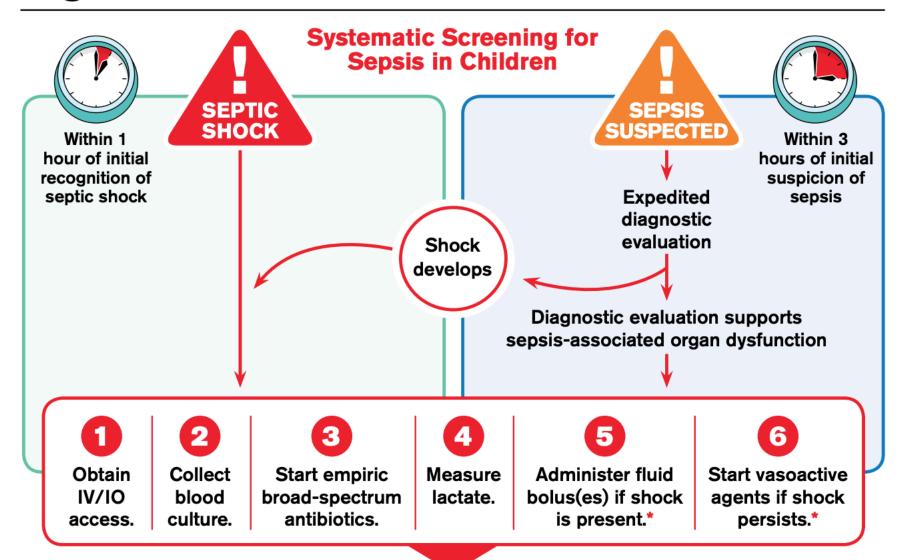
PEDIATRIC SEPSIS MANAGEMENT: UPDATED GUIDELINES

Initial Resuscitation Algorithm for Children





FLUID MANAGEMENT RECOMMENDATIONS





Healthcare Systems
WITHOUT Intensive Care

Abnormal Perfusion with or without Hypotension

Administer fluid bolus of 10-20 mL/kg if shock is present

Bolus up to total 40-60 mL/kg until shock resolves or signs of fluid overload

Consider epi/norepi if shock persists

Abnormal perfusion WITHOUT hypotension

Start maintenance fluid

Do NOT give fluid boluses unless dehydrated

Abnormal perfusion WITH hypotension*

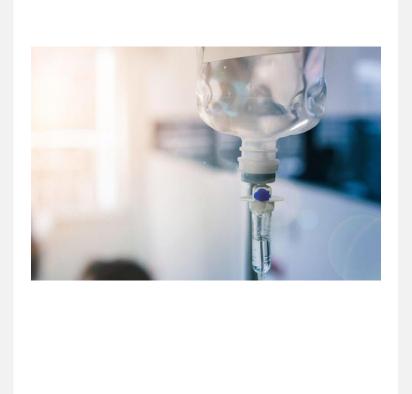
Administer fluid bolus 10-20 mL/kg if hypotension is present

Provide fluid up to total 40mL/kg

Consider epi/norepi if hypotension persists

VASOPRESSOR RECOMMENDATIONS

- Insufficient evidence to recommend a specific vasopressor (epinephrine, norepinephrine, etc) to improve mortality in pediatric distributive shock
- Choose based on each patient's physiology and adjusted to the individual's clinical responses.



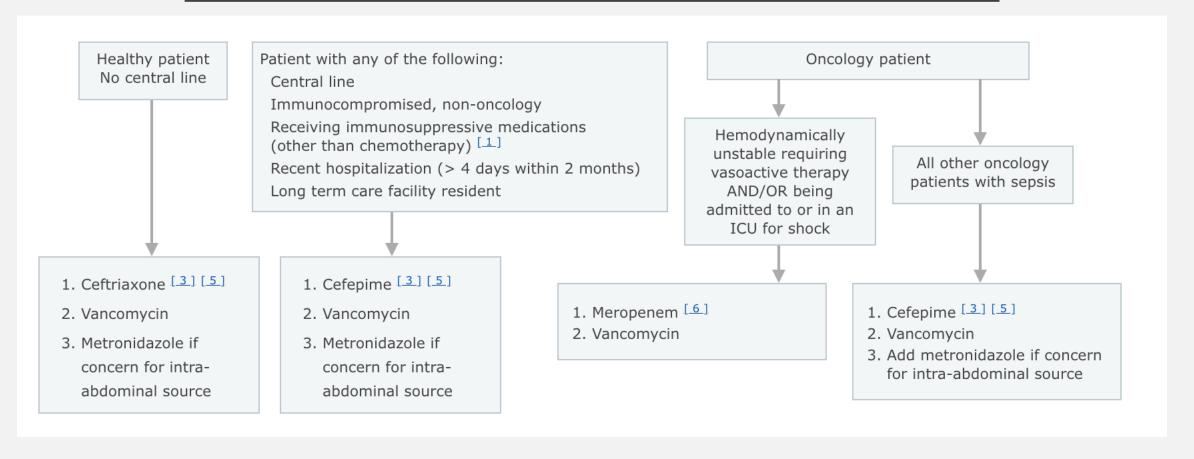
STRESS DOSE STEROID RECOMMENDATIONS

- Stress-dose steroids may be considered in children with septic shock unresponsive to fluids and requiring pressor support
- However, only use in case-bycase scenario. Not enough evidence to support the routine use



MANAGEMENT IN HIGH RESOURCE SETTINGS

ANTIBIOTIC REGIMENS



ADDITIONAL CONSIDERATIONS

- Screening for sepsis through the electronic medical record
- Obtain blood culture before antibiotics
- Use a pressure bag or rapid infuser for boluses
- Bedside echo to assess fluid status
- Central line access for pressors





