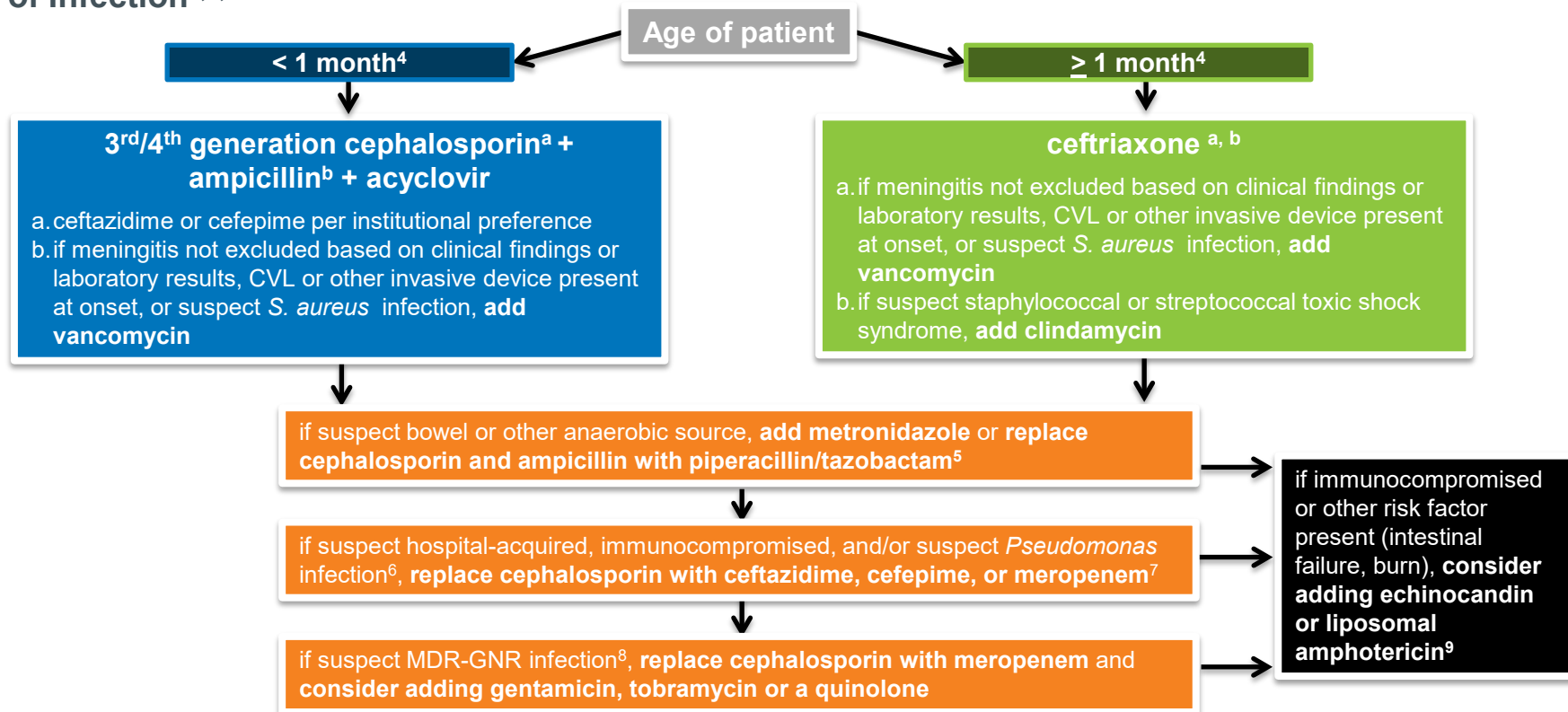


Recommendations for Empiric Antimicrobial Treatment of Sepsis without a Suspected/Identified Site of Infection^{1,2,3}



1. With each treatment regimen, administer the first agent listed as soon as possible, within 1 hour of recognition for children with shock and within 3 hours for children without shock.
2. If the patient has an allergy or serious intolerance to the recommended agents, consult pediatric infectious diseases or antimicrobial stewardship based on institutional practices.
3. Consider antiviral therapy for influenza, SARS-CoV-2, etc. in the appropriate clinical scenario.
4. Does not apply to infants cared for in a neonatal ICU.
5. Use of vancomycin and piperacillin/tazobactam in combination should be avoided whenever possible, especially in children who have or are at high-risk for renal insufficiency. Use of this combination should be reassessed daily and, preferably, revised or discontinued within 2 days.
6. If hospitalized for >72 hours during the past 90 days inclusive of the current hospitalization, history of previous *Pseudomonas* colonization, history of recent broad spectrum antibiotic use during the previous 14 days, or presence of tracheostomy or central line.
7. Do not use meropenem routinely or in preference over other anti-*Pseudomonas* agents unless justified by local antibiogram or history of colonization with ceftazidime/cefepime/piperacillin/tazobactam-resistant *Pseudomonas* or other MDR-GNR. Consult pediatric infectious diseases.
8. Currently receiving broad-spectrum Gram-negative therapy, such as cefepime, ceftazidime, piperacillin/tazobactam, ciprofloxacin or levofloxacin, or history of exposure to a setting with a high prevalence of colonization with MDR-GNR, such as long-term care, adult-care hospitals, or country of origin. Consult pediatric infectious diseases.
9. Liposomal amphotericin preferred if invasive mold infection suspected.

Abbreviations: CNS, central nervous system; CVL, central venous line; LP, lumbar puncture with analysis of cerebrospinal fluid; MDR-GNR, multidrug resistant-Gram negative rod