

# Pediatric Sepsis Pathway for Referring Hospitals

Consider sepsis or septic shock if a child has a suspected or proven infection and at least two of the following:

- Core temp <36 C or > 38.5 C
- Inappropriate tachycardia
- Altered mental state
- Reduced peripheral perfusion or prolonged capillary refill

**Concern for sepsis/septic shock**

- Contact Angel One for transfer to Arkansas Children’s Hospital  
**1-800-ACH-HELP**
- Begin goal-directed therapy shock reversal = normalized capillary refill (CR) <3 seconds

**As the child is being prepared for transfer:**

- Provide supplemental oxygen
- Obtain IV access
- Consider intraosseous line if unable to obtain IV after 2 attempts
- Administer 20ml/kg normal saline bolus IV
- Early administration of appropriate antibiotics-do not delay for labs/cultures
- Obtain blood and urine cultures if able

**CR <3 seconds**

- Monitor patient for worsening symptoms or reoccurrence of shock prior to transfer

**CR >3 seconds**

- Repeat 20 ml/kg normal saline bolus until capillary refill < 3 seconds
- Reassess patient after every bolus
- Consider inotropes after 3<sup>rd</sup> bolus
- Call 1-800-ACH-HELP for critical care recommendations as needed

<b>Antibiotics: Previously healthy patients</b> <i>Please administer antibiotics in order of listing</i>	
<b>No concern for intra-abdominal source</b>	
Ceftriaxone	50 mg/kg x1 dose (max 2 grams)
Vancomycin	15 mg/kg x1 dose (max 1500 mg)
<b>Concern for intra-abdominal source</b>	
Ceftriaxone	50 mg/kg x1 dose (max 2 grams)
Vancomycin	15 mg/kg x1 dose (max 1500 mg)
Metronidazole	10 mg/kg x1 dose (max 500 mg)
<b>Antibiotics: Medically Complex Patients</b> (immunocompromised, CVC catheter, chronic medical condition) <i>Please administer antibiotics in order of listing</i>	
<b>No concern for intra-abdominal source</b>	
Cefepime	50 mg/kg x1 dose (max 2 grams)
Vancomycin	15 mg/kg x1 dose (max 1500 mg)
<b>Concern for intra-abdominal source</b>	
Cefepime	50 mg/kg x1 dose (max 2 grams)
Vancomycin	15 mg/kg x1 dose (max 1500 mg)
Metronidazole	10 mg/kg x1 dose (max 500 mg)

AGE	HEART RATE
Preterm Infants	120-160
< 1 month term infants	100-180
1 month – 1 year	90-160
>1 year – 3 years	80-140
>3 years – 5 years	70-140
>5 years – 11 years	65-110

**Suggested Labs**

- Blood/urine culture
- Glucose
- Lactate
- Procalcitonin or C-reactive protein (CRP)
- Ionized calcium
- BMP
- CBC
- Liver Function Tests