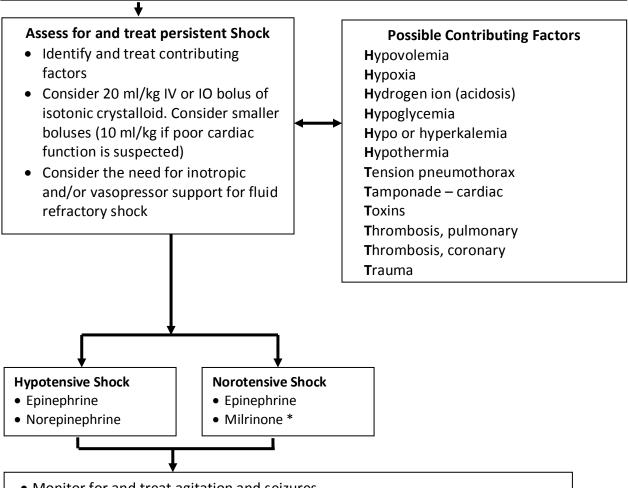
MANAGEMENT OF CHILD WITH SEPTIC SHOCK AFTER ROSC

Optimize Ventilation and Oxygenation

- Titrate FiO₂ to maintain oxyhemoglobin saturation 94% to 99% (or as appropriate to the patient's condition), if possible, wean FiO₂ if saturation is 100%
- Consider advance airway placement and waveform capnography
- If possible, target a PCO₂ appropriate for the patient's condition and limit exposure to severe hypercapnia or hypocapnia



- Monitor for and treat agitation and seizures
- Monitor for and treat hypoglycemia
- Assess blood gas, serum electrolytes and calcium
- If patient remains comatose after resuscitation from cardiac arrest maintain targeted temperature management, including aggressive treatment of fever
- Consider consultation and patient transport to tertiary care center

^{*} Milrinone can cause hypotension, so use and initiation of it should generally be reserved for those experience with its uses, initiation and side effects (eq. ICU personnel)