First Hour

MANAGEMENT OF CHILD WITH SEPTIC SHOCK

Identify signs of septic shock

- Altered mental status (irritability or decreased level of consciousness)
- Altered heart rate (tachycardia or less commonly bradycardia)
- Altered temperature (fever or hypothermia)
- Altered **perfusion** (prolonged or flash capillary refill, cool or very warm extremities, plethoric appearance, mottled color or pallor; possibly echymosis or purpura, decreased urine output)
- Hypotension: May or may not be present

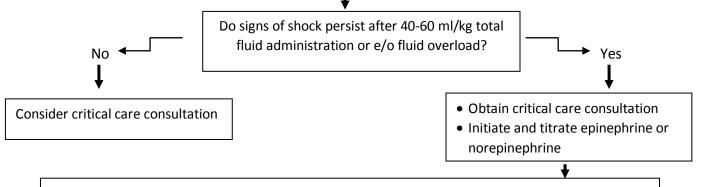
Initial stabilization

- Support ABC
- Monitor heart rate, BP, pulse oxymetry
- Establish IV or IO access
- Fluid boluses: give 10-20 ml/kg isontonic crystalloid bolus (10 ml/kg for neonates and for those with preexisting cardiovascular compromise). Assess carefully after each bolus.

Within 1st Hour

- Draw blood for culture and additional laboratory studies including glucose and calcium do not delay antibiotic or fluid therapy
- Antibiotic : give broad spectrum antibiotic
- Assess carefully after each bolus. Repeat fluid boluses as needed to treat shock. Stop if rales or respiratory distress or hepatomegaly develops.
- Give antipyretics if needed.

Goals of therapy: Improve mental status, normalization of heart rate and temperature, adequate systolic and diastolic blood pressure and improve perfusion



- Establish central venous and intra-arterial pressure monitoring
- Continue epinephrine/norepinephrine as above and bolus fluid therapy as needed to treat shock
- Verify adequate airway, oxygenation and ventilation
- Consider stress dose hydrocortisone if hemodynamic remain inadequate despite adequate fluid resuscitation and vasoactive drug therapy