MANAGEMENT OF CHILD WITH SEPTIC SHOCK

First Hour

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

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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.

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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

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Do signs of shock persist after 40-60 ml/kg total fluid administration or e/o fluid overload?

No → Consider critical care consultation

Yes →

- Obtain critical care consultation
- Initiate and titrate epinephrine or norepinephrine

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- 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