



KIDS CLINICAL GUIDELINE: SEVERE SEPSIS AND SEPTIC SHOCK

0-15
Minutes

Full monitoring (O2 saturation/ ECG/ BP - 3 minutes cycles)

Activate Paediatric Sepsis 6

- Give 100% Oxygen
- Call for Senior help
- URGENT IV/IO access – Take blood specimen (culture/gas /sugar/ FBC/coag/cross match)

Poor respiratory effort

- Start Bag + Mask ventilation (+/- oral airway)
- Call for urgent Anaesthetic/ICU help

Paed Sepsis 6

- Give 20 mls/kg 0.9% saline bolus as quickly as possible (push by hand)
- Give antibiotics (<3/12 – Cefotaxime + Amoxil, >3/12 – Cefotaxime / Ceftriaxone) +/- antiviral/antifungal (No LP)

If BM <3mmol – Give 2mls/kg 10% dextrose and recheck. **Get 2nd IV/IO access + REASSESS for SHOCK** (prolonged CRT/tachycardia/hypotension)

15-30
Minutes

On-going FLUID RESUS + inadequate breathing

PREPARE TO INTUBATE/VENTILATE ([KIDS checklist](#))

- MOST EXPERIENCED OPERATOR
- Cuffed oral ET tube
- RSI (use cardio-stable drugs Eg:Ketamine)
- Prepare resus drugs (risk of cardiac arrest)
- Dopamine/Adrenaline prepared and running at low dose.
- 20ml/kg volume bolus drawn up

CALL KIDS

0300

200

1100

SHOCK – Give 2nd 20mls/kg 0.9%saline over 5-10min + REASSESS

- Start preparing peripheral strength Dopamine/Adrenaline

SHOCK – 3rd 20mls/kg 0.9% saline over 5-10min

START Dopamine 10 mcg/kg/min or Adrenaline 0.1mcg/kg/min (IV/IO) ([KIDS drug calculator](#))

PREPARE TO INTUBATE/VENTILATE ([KIDS checklist](#))

30-60
Minutes

Discuss with KIDS Consultant

- Arterial line and transduce
- Central Venous Catheter (if local expertise available)
- Monitor lactate clearance - regular blood gases
- Foley's catheter – strict input/output balance
- Orogastric tube on free drainage

Discuss with KIDS Consultant

- Further inotropes / hydrocortisone
- Electrolyte imbalance – aim for ionised Ca >1mmol/L
- Severe acidosis - pH <7.2 despite fluid resus
- Optimum Hb and Platelet count
- Coagulopathy management.