

IDENTIFICATION OF POSSIBLE SEPSIS:

- Suspected Infection – YES
- Temperature > 101° F or < 96.8
- Heart rate or respiratory rate greater than normal limit for age(heart rate may not be elevated in septic hypothermic patients) **AND** at least one of the following indications of altered organ function:
 - Altered mental status
 - Capillary refill time <1 second (flash) or > 3 seconds
 - Mottled cool extremities
 - Finger stick lactate level >2mmol/L
 - ETCO₂ < 25 mmHg

Upper limit of Pediatric HR & RR		
Age	Heart Rate	Resp Rate
0 day - < 1 mon	> 205	> 60
≥ 1 month - < 3 mon	> 205	> 60
≥ 3mon - < 1 year	> 190	> 60
≥ 1 year - < 2 year	> 190	> 40
≥ 2 year - < 4 years	> 140	> 40
≥ 4 years - < 6 years	>140	>34
≥ 6 years - < 10 years	> 140	> 30
≥ 10 years - < 13 years	> 100	> 30
≥ 13 years	> 100	>16

*ACP "An Emergency Department Septic Shock Protocol and Care Guideline for Children Initiated at Triage"

Note: Consider early consultation with **Medical Control** for suspected pediatric septic shock patients.



EMT STANDING ORDERS - PEDIATRIC

E

- Routine Patient Care.
- Monitor and maintain airway and breathing as these may change precipitously.
- Administer oxygen and continue regardless of oxygen saturation levels.
- Obtain blood glucose reading.
- Do not delay transport.

ADVANCED EMT STANDING ORDERS - PEDIATRIC

A

IV fluids should be titrated to attain normal capillary refill, peripheral pulses, and level of consciousness.

- Administer fluid bolus of 20 mL/kg of 0.9% saline by syringe push method; reassess patient immediately after completion of bolus and repeat 2 times (max 60 mL/kg), if inadequate response to boluses.

Note: Reassess patient between each bolus for improving clinical signs and signs of fluid overload (rales, increased work of breathing, or increased oxygen requirements).

PARAMEDIC STANDING ORDERS - PEDIATRIC

P



- Obtain finger stick lactate level (if available and trained).
- If there is no response after 3 fluid boluses, contact **Medical Control** to consider:
 - Additional fluids
 - Norepinephrine (preferred) 0.05 – 0.1 mcg/kg/min, titrated to effect to a maximum dose 2 mcg/kg/min, via pump, see appendix 4 **OR**
 - Epinephrine 0.1 – 1.0 mcg/kg/min, via pump, titrated to effect see appendix 4.

PEARLS:

- Sepsis is a systemic inflammatory response due to infection. Frequent causes of septic shock include urinary, respiratory, or gastrointestinal infections and complications from catheters and feeding tubes. Patients who are immuno-compromised are also susceptible to sepsis.
- Septic shock has a high mortality and is one of the leading causes of pediatric deaths.
- Aggressive IV fluid therapy and early antibiotics significantly reduces death.