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.

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:
  o Altered mental status
  o Capillary refill time <1 second (flash) or > 3 seconds
  o Mottled cool extremities
  o Finger stick lactate level >2mmol/L
  o ETCO₂ < 25 mmHg

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

EMT STANDING ORDERS - PEDIATRIC
• 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
• 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
• Obtain finger stick lactate level (if available and trained).
• If there is no response after 3 fluid boluses, contact Medical Control to consider:
  o Additional fluids
  o 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
  o Epinephrine 0.1 – 1.0 mcg/kg/min, via pump, titrated to effect see appendix 4.

The New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols, policies, or procedures MAY NOT BE altered or modified.