This guideline should not replace clinical judgment.

**Presumed severe sepsis or septic shock**

- Administer O2
- Establish IV/IO x 1-2 and start fluid resuscitation
- Obtain cultures and labs, including VBG w/lytes and lactate (see box to left)
- Start antibiotics and control source of infection
- Correct hypoglycemia and hypocalcemia
- Consider steroids if suspected adrenal insufficiency or chronic systemic steroid use

**ED workup**
- VBG w/lactate and lytes
- Blood and urine cultures (leave foley in place)
- BMP
- Hepatic panel and lipase
- CBC with diff smear
- Coags/DIC labs
- Type/Screen
- CXR
- EKG
- Viral panel (if symptoms)

**Antibiotics:**
(Start as fast as possible, within 60 min)
- Ceftriaxone and Vancomycin
- Add Clinda for toxic shock
- Substitute Cefepime for immuno-suppressed
- Pip-tazo or Meropenem for suspected GI source
- Meropenem for PCN allergic

**Fluid Resuscitation:**
(Start as fast as possible, goal within 5-10 minutes)
- Give NS or LR fluid bolus of 20 mL/kg as rapidly as possible by push-pull, pressure bag, or rapid infusor
- Reassess patient between each bolus for response and signs of fluid overload
- May repeat up to 40-60 ml/kg if beneficial

**Fluid refractory shock:**
- Start epi or norepi drip at 0.05-0.1 mcg/kg/min
- Consider obtaining echo early to help guide therapy

**Shock resolved or signs of overload?**

- Yes
  - Manage as appropriate
- No
  - Shock resolved?
    - Yes
      - Manage as appropriate
    - No
      - Catecholamine resistant shock:
        - Start Hydrocortisone at 2 mg/kg (max dose 100 mg)
        - Discuss next steps with PICU
ED Sepsis Guideline
Executive Summary

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References


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