

Emergency Department

Inpatient

UNC Pediatric Sepsis Pathway

The following information is intended as a guideline for the management of children with sepsis. Management of your patient may require a more individualized approach.

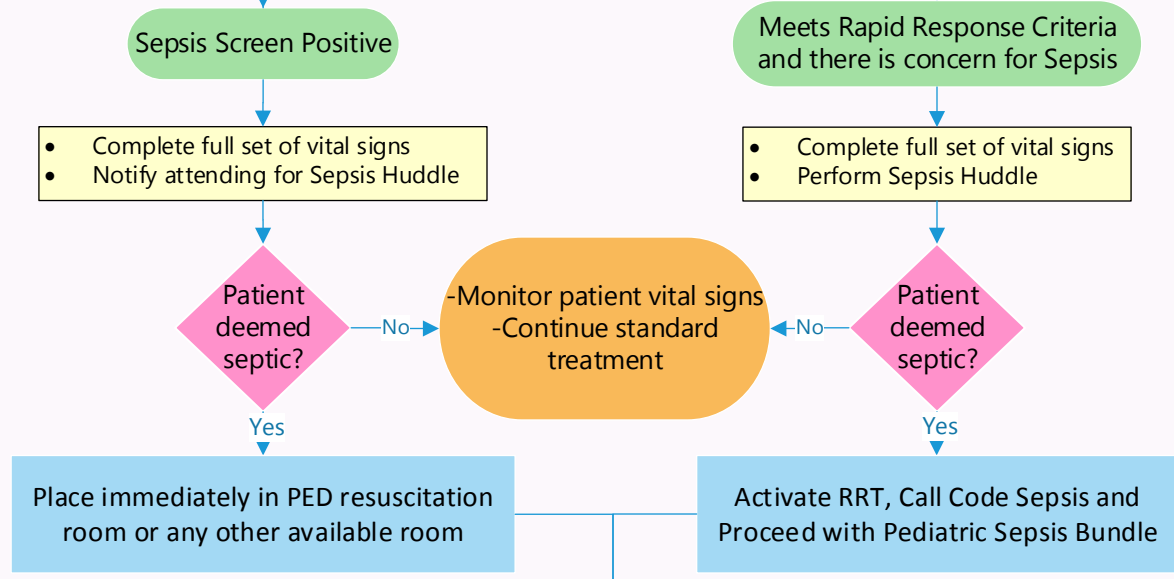
0-5 minutes

10-20 minutes

20-40 minutes

60 minutes

60+ minutes



Initiate Pediatric Sepsis Bundle

RAPID ASSESSMENT (ABCs)
(Use Epic Pediatric Sepsis Order Set & Provide Documentation Using the .SEPSISPEDEVAL Smartphrase)

- Supplemental O2
- IV/IO Access x2
- CBC + diff
- Critical care blood gas
- Blood culture
- IVF
- Antibiotics after blood culture: **within 1st hour; don't delay if culture cannot be drawn**

UNC PEDIATRIC SEPSIS SCREEN		
Does patient have ≥ 2 of the following:		
1. Fever		
Temp > 38.5 or < 36 in 3 months to adult (home temp is a qualifying criterion for high risk patients only)		
2. High Risk Condition		
Central Line/PICC/Port, Malignancy, Neonate 0-4 weeks, Chronic oral steroid dependence (asthma, autoimmune disease), Asplenia including Sick Cell Disease, Bone Marrow or Solid Organ Transplant, Complex urogenital anatomy/repair, Severe neurological impairment, Technology dependence		
3. Abnormal HR or RR		
	Abnormal HR?	Abnormal RR?
< 1 month	< 100 or > 180	> 60
1 month - 1 year	< 90 or ≥ 160	> 60
1-2 years	≥ 160	> 40
2-5 years	≥ 140	> 40
6-12 years	≥ 130	> 30
13-18 years	≥ 110	> 18
4. WBC count >15,000 or <5,000 (if available)		

PEDIATRIC RAPID RESPONSE CALLING CRITERIA
* Staff or family member is worried about the patient (A "gut feeling" is more than enough)
* Acute change in heart rate
* Acute change in systolic BP
* Acute change in respiratory rate
* Acute change in O ₂ saturation
* Mental status change
* New or prolonged seizure
* Patient with difficult to control pain or agitation
* Insufficient resources to appropriately handle the level of services to be provided in a timely and safe manner

SEPSIS HUDDLE		
Assess for:	Hypotension	
• Altered MENTAL STATUS	Age	Syst. BP
• Mottled, cool SKIN	0-1 mo	< 60
• Weak, thready or bounding PULSES	1mo -1yr	< 70
• > 3 SEC CAP REFILL	1-2 yrs	< 74
• HYPOTENSION	3-4 yrs	< 78
• OTHER PHYSICIAN CONCERNS	5-6 yrs	< 82
	7-8 yrs	< 86
	9 yrs+	< 90

CRITERIA FOR THE ED TO CALL THE PICU
1. Approaching 3rd bolus with persistent tachycardia or other vital sign abnormalities despite aggressive resuscitation
2. Altered mental status

ANTIBIOTICS IN PEDIATRIC ORDER SET	
(STAT one time doses upon response to Code Sepsis)	
Age > 28 days	
Primary therapy	Ceftriaxone AND Vancomycin
Beta lactam allergy	Aztreonam AND Vancomycin
Suspected Source: Catheter-associated	Cefepime AND Vancomycin
Suspected Source: Gastrointestinal	Piperacillin-tazobactam OR Cefepime AND Metronidazole AND Vancomycin
Age > 28 days - IMMUNOCOMPROMISED AND/OR SIGNIFICANT PRIOR ANTIBIOTIC USE WITHIN PREVIOUS 30 DAYS	
Primary therapy	Cefepime AND Vancomycin
Beta lactam allergy	Aztreonam AND Vancomycin
Fungal history	Cefepime AND Vancomycin AND Micafungin
Neonate < or = 28 days	
Primary therapy	Ampicillin AND Gentamicin
HSV concern	Ampicillin AND Gentamicin AND Acyclovir
Suspected Source: Gastrointestinal	Ampicillin AND Gentamicin AND Metronidazole

PICU Care

