World Sepsis Day – September 13
One Day – One Vision – All Year Effort

stop sepsis save lives

Spot Pediatric Sepsis

Any child with suspected infection, manifest by fever (> 38.5°C) or hypothermia (< 36.0°C), who has any of the following...

- abnormal behavior or decreased consciousness
- rapid or feeble pulse
- mottled or cold extremities
- severe respiratory distress
- flash capillary refill or prolonged capillary refill (> 3 sec.)
- bounding peripheral pulses
- decreased urine output (< 1 mL/kg/hr)

...might have sepsis.
Act fast when sepsis is suspected.
Mortality increases every hour.

Global Sepsis Alliance

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Treat Pediatric Sepsis as an Emergency – **Within 1 Hour**

- Intra-osseus or vascular access
- Blood cultures (IV/IO) – *only if it does not delay antibiotics*
- Broad spectrum IV/IO antibiotics
- Measure lactate
- Fluid boluses of 10 - 20 mL/kg isotonic crystalloid over 30 - 60 minutes
- If perfusion does not improve, consider repeating to max. 60 mL/kg
- Reassess after each bolus, stop for pulmonary edema or hepatomegaly
- Give high flow oxygen, goal SaO_2 > 95% (*intubation may be necessary*)

If shock is refractory to fluids,
infuse epinephrine (0.05 - 0.3 µg/kg/min) and seek expert help.

Goals:
- Capillary refill ≤ 2 sec.
- Urine output > 1 mL/kg/hr
- Normal pulses
- Normal mental status
- Normal heart rate

If child remains in shock, please initiate transfer to a facility with experience in treating septic shock.

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