SickKids®

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX

Division of Paediatric Emergency Medicine
Severe Sepsis and Septic Shock Order Set

Neonates, infants and children with _proven or suspected infection_ and _signs of decreased perfusion_ (including temperature abnormality, tachycardia, tachypnea, hypotension, abnormal capillary refill time, abnormal skin findings, abnormal pulses, altered mental status)
**See reverse for definitions

WEIGHT (kg):	ALLERGIES:	☐ NKDA	DATE:

Provider Signature/Time	ORDERS	Noted by RN Signature/Time

PATIENT CARE

☐ **Monitoring and access (includes all of the following orders):**

Continuous O$_2$ saturation and ECG monitoring
Vital sign recording: HR, RR, BP, O$_2$ sat every 5 minutes until symptoms improve
Place patient on supplemental oxygen
Vascular access x 2   *Notify MD if no access within 5 minutes or 2 failed IV attempts*

LABORATORY

☐ **Sepsis panel:**
bedside glucose
iSTAT
blood cultures
   ☐ peripheral   ☐ central
CBC and diff
Na, K, Cl, BUN, Cr, Ca
VBG, lactate (on ice)
AST/ALT, bilirubin, albumin
PTT/INR

Other orders:
☐ type & screen
☐ urinalysis
   ☐ MSU
   ☐ in & out catheter
   ☐ indwelling foley
☐ urine culture

FLUIDS AND ANTIBIOTICS

Fluid Boluses (should be initiated within 15 minutes):

Administer fluid boluses rapidly via IV push, pressure bag, or rapid infuser.
Reassess perfusion after every bolus to determine need for additional fluid.
Up to and over 60 mL/kg may be required within 1 hour. Stop if fluid overload develops.

☐ Bolus #1: 0.9% NaCl _____ mL IV   (20 mL/kg, max 1L, as fast as possible)

☐ Bolus #2: 0.9% NaCl _____ mL IV   (20 mL/kg, max 1L, as fast as possible)

☐ Bolus #3: 0.9% NaCl _____ mL IV   (20 mL/kg, max 1L, as fast as possible)

☐ Bolus #4: 0.9% NaCl _____ mL IV   (20 mL/kg, max 1L, as fast as possible)

Standard Antibiotics (should be administered within 60 minutes):

For neonates and infants less than 3 months of age (BOTH antibiotics required)

☐ ampicillin _____ mg IV x 1   (75 mg/kg/dose)

☐ cefoTAXime _____ mg IV x 1   (50 mg/kg/dose)

If concern for herpes virus, add acyclovir *after above antibiotics have been administered*:

☐ acyclovir _____ mg IV x 1   (20 mg/kg/dose)

For children greater than 3 months of age (BOTH antibiotics required)

☐ cefTRIaxone _____ mg IV x 1   (100 mg/kg/dose, max dose 2000 mg)

☐ vancomycin _____ mg IV x 1   (15 mg/kg/dose, max dose 1000 mg)

Deborah Schonfeld 2016-2-9 4:36 PM
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SEPTIC SHOCK TRIGGER TOOL

If patient presents with **concern for infection and/or temperature abnormality**, then provider must assess for the presence of the following 8 clinical criteria:

- ☐ Temperature abnormality[*]
- ☐ Tachycardia[*] (or bradycardia in < 1 year[*])
- ☐ Tachypnea[*]
- ☐ Hypotension[*]
- ☐ Capillary refill abnormality (≥ 3 seconds or < 1 second)
- ☐ Pulse abnormality (decreased/weak or bounding)
- ☐ Skin abnormality (cool/mottled or flushed/ruddy (other than face))
- ☐ Mental status abnormality (decreased mental status, irritable, confused, lethargic, inappropriate crying)

SEPTIC SHOCK ALERT CRITERIA:

Hypotension -OR-
≥ 3 of 8 above clinical criteria -OR-
High risk and ≥ 2 of 8** above clinical criteria

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*Abnormal vital sign definitions:

Temperature:
0-3 months: < 36 °C or ≥ 38 °C
≥ 3 months: ≥ 38.5 °C

Heart Rate: Any value that flags **RED** on EDIS tracking board

Respiratory Rate: Any value that flags **RED** on EDIS tracking board

Systolic Blood Pressure: Any value that flags **RED** on EDIS tracking board

(**RED** values represent values that are > 2 SD from the normal range according to CTAS guidelines (CJEM 2014;16:1-5))

**High risk conditions:

Malignancy
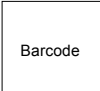Asplenia (including sickle cell disease)
Solid organ or bone marrow transplant
Central or indwelling catheter
Global developmental delay or complex care
Immunodeficiency or immunocompromised
Recent surgical procedure

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	Other antibiotic choices Consider: • For true penicillin allergy, use vancomycin (see above dosing) + levofloxacin • For patients with febrile neutropenia, refer to Hematology/Oncology fever guidelines • For intra-abdominal sepsis, use piperacillin-tazobactam ☐ levoFLOXACin _____ mg IV x 1 (10 mg/kg/dose, max dose 500 mg) ☐ piperacillin-tazobactam _____ mg (piperacillin) IV x 1 (100 mg/kg/dose, max dose 4 g)	
	VASOACTIVE SUPPORT (should be initiated at _the 60 minute mark, or earlier_) **Continuous infusions** _Vasoactive support is indicated for shock persisting after 40-60 mL/kg fluids, or earlier in patients with decreased cardiac function or signs of fluid overload. Vasoactive agents may be infused via PIV or IO while central access is being established._ For 'cold shock' (shock with prolonged capillary refill), or underdifferentiated shock, start: ☐ epinephrine 0.1 mcg/kg/min IV (Titrate to max dose 1 mcg/kg/min) _Refer to online infusion calculator "High Dose" option appropriate for patient weight._ For 'warm shock' (shock with flash capillary refill/hyperdynamic circulation), start: ☐ norepinephrine 0.05 mcg/kg/min IV (Titrate to max dose 2 mcg/kg/min) If second agent needed, for 'cold shock' (shock with prolonged capillary refill), can add: ☐ DOPamine 10 mcg/kg/min IV (Titrate to max dose 20 mcg/kg/min) **Other medications** _For patients with vasopressor-refractory shock or suspected adrenal insufficiency_ ☐ hydrocortisone _____ mg IV x 1 (2 mg/kg/dose, max dose 100 mg)	
	ANTIPYRETICS (avoid ibuprofen if patient is coagulopathic or thrombocytopenic) ☐ acetaminophen _____ mg PO/PR x 1 (15 mg/kg/dose, max 1000 mg/dose) ☐ ibuprofen _____ mg PO x 1 (10 mg/kg/dose, max 600 mg/dose) _Infants less than 6 months: 5 mg/kg/dose_	
	OTHER ORDERS For hypoglycemia: ☐ D10W _____ mL IV x 1 (5 mL/kg/dose) or ☐ D25W _____ mL IV x 1 (2 mL/kg/dose) For hypocalcemia: ☐ calcium gluconate 10% _____ mg IV x 1 (100 mg/kg/dose, max dose 3 g)	

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