
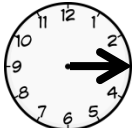
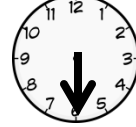



Wesley Children's Hospital Pediatric Initial Sepsis Response Plan

Sepsis Screening Tool Was Positive, What Do I Do Next?



TIME ZERO: _____

<input type="checkbox"/> Notify Pediatric Sepsis Team (Peds Rapid Response Team)	TIME: _____		Within 5 Minutes
<input type="checkbox"/> Initiate VS q5 minutes	TIME: _____		
<input type="checkbox"/> Pediatric Sepsis Provider to assess and confirm sepsis . If sepsis confirmed, continue with response plan.			
<input type="checkbox"/> Obtain sepsis box from supply room			
<input type="checkbox"/> Provider to order labs, antibiotics, and fluid resuscitation as needed.	TIME: _____		Within 15 Minutes
<input type="checkbox"/> Obtain Blood Culture, Lactic, and CBCM as ordered	TIME: _____		
<input type="checkbox"/> Establish IV/IO access	TIME: _____		
<input type="checkbox"/> Push isotonic fluids-20ml/kg bolus #1 as ordered (Rapid hand –push or pressure bag only!)	TIME: _____		
<input type="checkbox"/> Push isotonic fluid bolus #2 as ordered/indicated	TIME: _____		Within 30 Minutes
<input type="checkbox"/> Review lab results	TIME: _____		
<input type="checkbox"/> Administer antibiotics after blood culture if possible DO NOT DELAY ANTIBIOTICS FOR CULTURES!	TIME: _____		Within 60 Minutes
<input type="checkbox"/> Push isotonic fluid bolus #3 as ordered/indicated	TIME: _____		

*If hypotension, poor pulses, mental status, or capillary refill does NOT improve after 60ml/kg fluid bolus total, anticipate a STAT transfer to PICU for increased level of care and possible vasopressors.

- Provider Focused Sepsis Assessment:**
1. Confirm Sepsis Screen Vitals
 2. Obtain Brief History from family
 3. Assess for:
 - a. Altered **Mental Status**
 - b. Mottled or cool **skin**
 - c. Weak, thread, or bounding **pulses**
 - d. >3 Sec **Capillary Refill**
 - e. **Hypotension*** (See table for parameters)
 - f. **Other provider concerns**

COULD THIS BE SEPSIS?
Is the sepsis screen **POSITIVE AND 1 or more** provider assessment abnormalities present?

Continue with the Sepsis Initial Response Plan and document findings in a clinical note.

Wesley Children's Hospital Pediatric Initial Sepsis Response Plan

Target Vital Signs			
Age Group	HR	SBP	MAP
Newborn (0 days-1 week)	100-180	>60	>40
Neonate (1week-1 mo)	100-180	>65	>45
Infant (1mo-1y)	90-180	>70	>50
Toddler/Preschool (>1y-5y)	60-140	>75	>60
School Age (>5y-12y)	60-130	>80	>60
Adolescent (>12y-18y)	50-110	>90	>60

Pediatric Antibiotics			
Age >28 days		Dosing (IV)	Max single dose (IV)
Primary Therapy	Ceftriaxone AND	50mg/kg/dose	2000mg
	Vancomycin	20mg/kg/dose	2000mg
Beta lactam allergy	Meropenem AND	15mg/kg/dose	500mg
	Vancomycin	20mg/kg/dose	2000mg
Suspected source			
Catheter-associated	Cefepime AND	50mg/kg/dose	2000mg
	Vancomycin	20mg/kg/dose	2000mg
Gastrointestinal	Piperacillin/tazobactam	100mg/kg/dose	4000mg
Penicillin allergy	Meropenem	15mg/kg/dose	500mg
Age >28 days- IMMUNOCOMPROMISED AND/OR SIGNIFICANT PRIOR ANTIBIOTIC USE WITHIN PAST 30 DAYS			
Primary therapy	Cefepime AND	50mg/kg/dose	2000mg
	Vancomycin	20mg/kg/dose	2000mg
Beta lactam allergy	Meropenem AND	15mg/kg/dose	500mg
	Vancomycin	20mg/kg/dose	2000mg
Fungal	Micafungin	3mg/kg/dose	100mg
Neonate ≤ 28 days			
Primary therapy	Ampicillin AND	100mg/kg/dose	
	Cefotaxime	50mg/kg/dose	
HSV Concern	Ampicillin AND	100mg/kg/dose	
	Cefotaxime AND	50mg/kg/dose	
	Acyclovir	20mg/kg/dose	
Suspected source			
Gastrointestinal	Piperacillin/tazobactam	100mg/kg/dose	