

## IDENTIFICATION OF POSSIBLE SEPTIC SHOCK:

- Suspected Infection – YES
- Temperature > 100.4° F or < 96.8
- Heart rate greater than normal limit for age (heart rate may not be elevated in septic hypothermic patients) **AND** at least one of the following indications of altered organ function:
  - Altered mental status
  - Capillary refill time <1 second (flash) or > 3 seconds
  - Mottled cool extremities
  - Finger stick lactate level >4 mmol/L

Note: Consider early consultation with medical control for suspected pediatric septic shock patients.

## EMT STANDING ORDERS - PEDIATRIC

E

- Routine Patient Care.
- Monitor and maintain airway and breathing as these may change precipitously.
- Administer oxygen and continue regardless of oxygen saturation levels.
- Obtain blood glucose reading.
- Do not delay transport.

## ADVANCED EMT STANDING ORDERS - PEDIATRIC

A

IV fluids should be titrated to attain normal capillary refill, peripheral pulses, and level of consciousness.

- Administer fluid bolus of 20mL/kg of 0.9% saline by syringe push method; reassess patient immediately after completion of bolus and repeat 2 times (max 60mL/kg, if inadequate response to boluses).

Note: Reassess patient between each bolus for improving clinical signs and signs of fluid overload (rales, increased work of breathing, or increased oxygen requirements).

## PARAMEDIC STANDING ORDERS - PEDIATRIC



P

- Obtain finger stick lactate level (if available and trained).
- If there is no response after 3 fluid boluses, contact **Medical Control** to consider:
  - Additional fluids,
  - Norepinephrine (preferred) 0.05 – 0.1 mcg/kg/min, titrated to effect to a maximum dose 2 mcg/kg/min, via pump **OR**
  - Epinephrine 0.1 – 1.0 mcg/kg/min, via pump, titrated to effect.

## PEARLS:

- Sepsis is a systemic inflammatory response due to infection. Frequent causes of septic shock include urinary, respiratory, or gastrointestinal infections and complications from catheters and feeding tubes. Patients who are immuno-compromised are also susceptible to sepsis.
- Septic shock has a high mortality and is one of the leading causes of pediatric deaths.
- Aggressive IV fluid therapy and early antibiotics significantly reduces death.