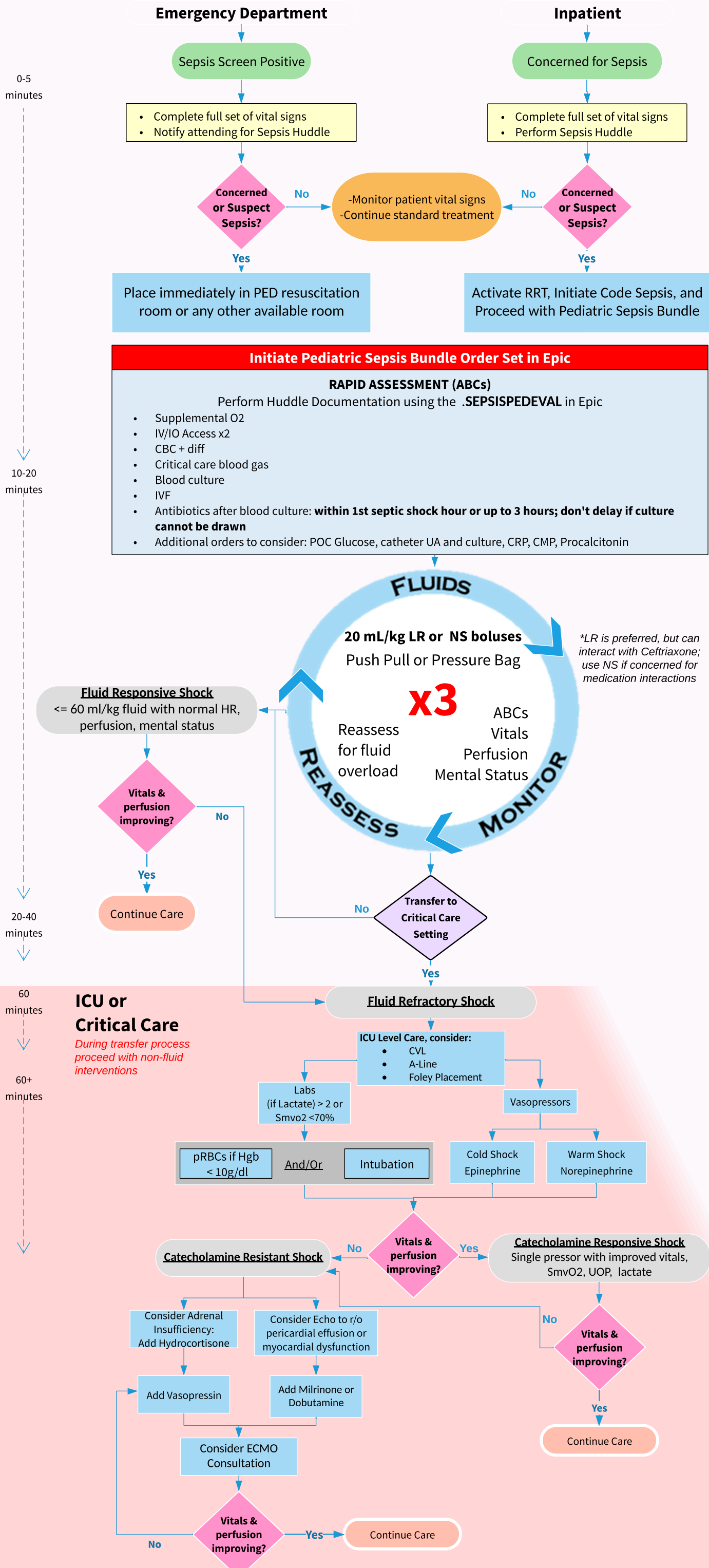


UNC Pediatric Sepsis Pathway

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.



UNC PEDIATRIC SEPSIS SCREEN		
Does patient have ≥ 2 of the following:		
1. High Fever (perform huddle use .SEPSISPEDEVAL in Epic for documentation)		
Temp > 38.5 or < 36 in 3 months to adult (home temp is a qualifying criterion for patients with high risk condition patients only)		
2. High Risk Condition		
Central Line/PICC/Port, Malignancy, Neonate 0-4 weeks, Chronic oral steroid dependence (asthma, autoimmune disease), Asplenia including Sickle 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 INITIATION 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	
<ul style="list-style-type: none"> Altered MENTAL STATUS Mottled, cool SKIN Weak, thready or bounding PULSES > 3 SEC CAP REFILL HYPOTENSION OTHER PHYSICIAN CONCERNS 	Age	Syst. BP
	0-1 mo	< 60
	1mo -1yr	< 70
	1-2 yrs	< 74
	3-4 yrs	< 78
	5-6 yrs	< 82
	7-8 yrs	< 86
	9 yrs+	< 90

CRITERIA FOR THE ED TO ESCALATE TO ICU LEVEL CARE
1. Approaching 3rd bolus with persistent tachycardia or other vital sign
2. Altered mental status

ANTIBIOTIC REGIMENS FOR SEPTIC PEDIATRIC PATIENT (STAT one-time doses upon response to Pediatric Code Sepsis)	
Age > 60 days old	
SUSPECTED SOURCE	ANTIBIOTIC REGIMEN(S)
Unknown Source	Ceftriaxone AND Vancomycin
Central Line	Cefepime AND Vancomycin +/- Metronidazole
Pneumonia	Ceftriaxone +/- Vancomycin OR Linezolid
Intra-abdominal	Pip-tazo alone OR Cefepime AND Metronidazole +/- Vancomycin
Refer to Pediatric Sepsis Order Set for additional detailed antibiotic recommendations (e.g. dosing, severe drug allergies, history of ESBL gram negatives)	

Appendix : Continued Detailed Pediatric Sepsis Antibiotic Reference Table

ANTIBIOTIC REGIMENS FOR SEPTIC PEDIATRIC PATIENT (STAT one-time doses upon response to Pediatric Code Sepsis)	
Age > 60 days old	
SUSPECTED SOURCE	ANTIBIOTIC REGIMEN(S)
Unknown Source	Ceftriaxone AND Vancomycin
Immunocompromised Host with or without Central Line	Cefepime AND Vancomycin +/- Metronidazole
Catheter-Related	Ceftriaxone AND Vancomycin +/- Miconazole
Intra-abdominal	Piperacillin-tazobactam alone OR Cefepime AND Metronidazole +/- Vancomycin OR Linezolid
Meningitis (> 1 month of age)	Ceftriaxone AND Vancomycin +/- Acyclovir
Pneumonia (Community-Acquired)	Ceftriaxone +/- Vancomycin OR Linezolid
Pneumonia (Hospital-Acquired)	Cefepime AND Vancomycin OR Linezolid
Urinary Tract	
• No risk for Pseudomonas	Ceftriaxone
• Risk for Pseudomonas	Piperacillin-tazobactam alone OR Cefepime
• Concern for Enterococcus	ADD Vancomycin OR Linezolid to above regimen, unless already on Piperacillin-tazobactam
Skin and Soft Tissue	
• Primary therapy	Ceftriaxone AND Vancomycin OR Linezolid
• Puncture wound OR risk for Pseudomonas	Cefepime AND Metronidazole AND Vancomycin OR Linezolid
• Concern for toxin-mediated process (e.g. necrotizing)	ADD Clindamycin; do not add if already on Linezolid
Refer to Pediatric Sepsis Order Set for detailed antibiotic recommendations (e.g. dosing, severe drug allergies, history of ESBL gram negatives)	