This clinical care guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.
This guideline is developed from the best available evidence. When evidence is inconclusive, recommendations were developed from local expert consensus. Please refer to table for further details.

### Sepsis CCG Overview

**Background:** Sepsis is a leading cause of death in hospitalized children. Prompt recognition and treatment remain mainstay approaches to reducing morbidity and mortality.

**Outcome measures:**
- Sepsis Attributable Mortality 3 and 30 days
- Organ Dysfunction 3 and 30 days
- Length of stay (days)
- ICU length of stay (days)
- Vasoactive free days
- Positive pressure free days

**Process measures:**
- Time to first fluid bolus (minutes)
- Time to first antibiotic (minutes)
  - Septic Shock ≤ 60 minutes
  - Sepsis without shock ≤ 180 minutes
- Time to first vasoactive agent (minutes)
- Sepsis recognition tool (screening tool and/or huddle) utilization
- Sepsis Orderset utilization

**Balancing measures:**
- Total antibiotic days

**Recommendation Table:** The recommendation table below uses the Surviving Sepsis Campaign (SSC) International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction as a reference. Strength of recommendations and quality of evidence included in this guideline mirror this publication. Not all SSC recommendations are included, reference for full details listed below.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Strength of recommendation</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement systematic screening for timely recognition of septic shock and other sepsis-associated organ dysfunction</td>
<td>Weak</td>
<td>Very low</td>
</tr>
<tr>
<td>Implement a guideline/protocol for management of children with septic shock or other sepsis-associated organ dysfunction</td>
<td>Strong</td>
<td>Best Practice Statement</td>
</tr>
<tr>
<td>Obtain blood cultures before initiating antimicrobial therapy in cases when this does not substantially delay antimicrobial administration</td>
<td>Strong</td>
<td>Best Practice Statement</td>
</tr>
<tr>
<td>Administer antimicrobial therapy as soon as possible, within 1 hour of recognition, of septic shock</td>
<td>Strong</td>
<td>Low</td>
</tr>
<tr>
<td>Administer antimicrobial therapy as soon as possible after appropriate evaluation, within 3 hours of recognition, of sepsis attributable organ dysfunction without shock</td>
<td>Weak</td>
<td>Very low</td>
</tr>
<tr>
<td>Narrow empiric antibiotic regimen once pathogen(s) and sensitivities are available</td>
<td>Strong</td>
<td>Best Practice Statement</td>
</tr>
<tr>
<td>Daily assessment (clinical, laboratory) for de-escalation of antimicrobial therapy</td>
<td>Strong</td>
<td>Best Practice Statement</td>
</tr>
<tr>
<td>Emergent source control intervention should be implemented as soon as possible after a diagnosis of an infection amenable to source control procedure is made</td>
<td>Strong</td>
<td>Best Practice Statement</td>
</tr>
<tr>
<td>Fluid resuscitation with 40-60 ml/kg in bolus fluid (10-20 ml/kg per bolus) over the first hour, titrated to clinical markers of cardiac output and discontinued if signs of fluid overload, for the initial resuscitation of septic shock or sepsis-associated organ dysfunction</td>
<td>Weak</td>
<td>Low</td>
</tr>
<tr>
<td>Recommend initiation of vasoactive infusion for patients with fluid refractory septic shock (norepinephrine OR epinephrine rather than dopamine)</td>
<td>Strong</td>
<td>Low</td>
</tr>
</tbody>
</table>
References:


Authors/Contributors:

Elizabeth Alpern Matthew Barhight Jacqueline Elegant Kate Morrow Rebecca Stephen
Brooke Baldi Jacqueline Corboy Emily Goldfar Sameer Patel Carly Schwab
Daniel Balcarcel Catherine Collins Kate Lucey Jillian Rojas Lindsey Swigart
Kate Balsley Kimberly Denicolo Leena Mithal Lazaro Sanchez-Pinto Ariel Warren

Last Update: 03.09.2021