Pediatric Sepsis Pathway
(ED, Inpatient, ICU)

START
Sepsis = ≥2 SIRS Criteria + Suspected Infection
Tachycardia (for age)
Tachypnea (for age)
Temperature <36 °C or >38 °C
WBC elevated or depressed for age or >10% immature neutrophils

Labs
- Consider lactate, CMP, capillary glucose, biomarkers (CRP or procalcitonin as appropriate)

Cultures
- Blood: At least 1 peripheral, 2 preferred
- Include central line as 3rd culture if present
- Culture all lumens of central line
- Consider urine including UA, CSF, stool, or other cultures as appropriate
- Consider MSA nares swab for respiratory infections and SSTI

Active Monitoring
- Urine Output (goal 0.5cc/kg/hr)
- Hemodynamics
- O2 Requirement
- Mental Status

*If shock is not reversed after initial fluid resuscitation, order norepinephrine (can start in peripheral line until central access is obtained)*

Triage
- Patient stabilized: Page 90054 for Pediatric Hospitalist
- Patient refractory to initial measures: Page 30070 for PICU Fellow

Provider Assessment: Suspected Infection?

No
- Sepsis pathway not indicated
- Care per provider

Yes
- (Initiate Pathway)

Antibiotics (within 1 hour of assessment)
- Neonate 0-7 days:
  - Ampicillin + Gentamicin +/- Acyclovir
  - Add Cefepime if CSF gram stain is positive for gram negative rods
- Neonate 8-20 days:
  - Ampicillin PLUS Cefepime +/- Acyclovir
  - Consider adding Gentamicin if CSF gram stain is positive for gram negative rods
- Neonate 21-28 days:
  - Ampicillin + Ceftriaxone ± /
  - Acyclovir
  - Infant/children >28 days:
    - Non-immunocompromised AND NO central line AND NO underlying GI disease: Vancomycin + Ceftriaxone
    - Non-immunocompromised AND Central line WITHOUT underlying GI disease: Vancomycin + Ceftriaxone
    - Non-immunocompromised WITH underlying GI disease WITHOUT Central line: Pip/Tazo
    - Non-immunocompromised WITH underlying GI disease WITH Central line: Vancomycin + Pip/Tazo
    - Immunocompromised, hematology-oncology patients with fever and neutropenia: Refer to Hematology-Oncology Fever Neutropenia Guidance
    - Immunocompromised, other than hematology-oncology patients with fever and neutropenia: Vancomycin and cefepime; Replace cefepime with meropenem if patient being admitted to PICU with hemodynamic compromise.

IV Fluids
- 20cc/kg bolus of crystalloid over 5-10min
- Consider repeating 20cc/kg bolus if clinically indicated
- Use hydrocortisone in addition only in cases of suspected or proven adrenal insufficiency

END
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Medical Disclaimer
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## References/Appendices:

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**Medical Disclaimer:**

The clinical pathways are based upon current, available evidence. The clinical pathways should not be used as medical advice. They should be used as a guide in managing patients. In addition to the clinical pathway, medical management is to be individualized, and may depend on medical resources available to the medical practitioners, the physician’s clinical judgment and any special circumstances pertaining to the patient and/or family. They are not intended to establish a standard of care. Although the pathways are developed after careful deliberation, they cannot be guaranteed to be completely accurate or without omissions. UCLA is not responsible for any unexpected or adverse patient events or outcomes in connection with the application of the clinical pathways to patient management. Readers are encouraged to confirm the information contained within the clinical pathways with other references, sources and expert opinion prior to instituting a health care decision for patient care.