SEPSIS SCREENING PATHWAY

Vital Signs
T > 38.5 or < 36 + 1 Abn VS (HR, RR, sBP)
OR
T 36 – 38.5 + 2 Abn VS (HR, RR, sBP)

Positive Screen?
- ESI Acuity 2
- Alert Physician/APN
- Alert Charge RN

Critical Kid Huddle
- Reasons for vital abnormalities
- High risk conditions
- Signs of abnormal perfusion/organ dysfunction

**DOCUMENT NOTE IN EMR**
...pedscritkid OR pediatric sepsis screen/critical kid huddle note

Concern for Possible Sepsis

Sepsis Watch
1. Etiology likely viral however needs further evaluation
2. Remember ABCDE’s
3. Administer antipyretics prn
4. IV access
5. Labs: CBC, procalcitonin, blood culture
6. Give IV fluid bolus prn
7. Reassess vitals & lab results - initiate antibiotics as indicated

Non-Severe Sepsis
1. Remember ABCDE’s
2. H&P to identify suspected source
3. IV/IO Access
4. Utilize Pediatric Non Severe Sepsis Order Set: labs, IV fluids, antibiotics
5. Antibiotics must be given within 60 min after ordering
6. Administer antipyretics prn
**As clinically indicated within 24 hours**

Severe Sepsis/Septic Shock
1. Follow severe sepsis/septic shock clinical pathway (click here)
2. Remember ABCDE’s
3. IV/IO Access
4. Utilize Pediatric Severe Sepsis/Septic Shock Order Set: labs, IV fluids, antibiotics
5. Check bedside glucose
6. Assure 1st antibiotic given in 1st hour
7. Administer antipyretics prn

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