

Sepsis Quick Reference Guide

0 mins

Recognition
 Suspected infection
 Tachycardia/ Tachypnoea
 Altered mental status
low DIASTOLIC pressure

5 mins

Intervention
 Intravenous access * 2: use IO/external jugular if difficult
 U+Es Blood glucose, ABG, LFTs, FBC, X-match & clotting
 Blood culture, PCR

Resuscitation
 High flow O₂ & **20mls/kg isotonic fluid bolus**
 Ceftriaxone 80mg/kg OR Cefotaxime 50mg/kg
 Consider Aciclovir (<6 weeks old, vesicular rash, coagulopathy)

Reassessment to detect fluid overload
 Hepatomegaly
 Worsening crackles on auscultation

NO

Reassessment to detect resolution of shock
 Heart rate and respiratory rate in age normal range
 Capillary refill time < 3 seconds
 Palpable peripheral pulses
 Blood pressure in age normal range
 Serum lactate ≤ 2 mmol/L

NO

15 mins

20 - 40 mls/kg isotonic fluid bolus

Fluid refractory shock
CALL SORT for advice re management
Start peripheral dopamine at 5-10 mcg/kg/min
Intubate and ventilate (Expect decompensation)

60 mins

Attempt central venous access

Warm Shock

Cold Shock

Noradrenaline
0.1 mcg/kg/min
Max 1 mcg/kg/min

Adrenaline
0.1 mcg/kg/min
Max 1 mcg/kg/min

Relative adrenal Insufficiency
Consider Hydrocortisone 1 mg/kg [max 100mg] (2.5mg/kg in neonates)
(Discuss with SORT)

Age	HR High	HR Low	RR High	SBP Low
0-1 month	>180	<100	>50	<65
< 1 year	>180	<100	>34	<100
2-5 years	>140	<90	>22	<100
8-12 years	>130	N/A	>18	<105
> 13 years	>110	N/A	>14	<117

COLD SHOCK	WARM SHOCK
CRT > 3 seconds	CRT < 3 seconds
Weak Peripheral Pulse	Bounding Peripheral Pulse
Cold extremities	Warm around the edge
Narrow Pulse Pressure	Wide Pulse Pressure

TIME	ACTION	AMOUNT
	Fluid	ml
	Antibiotics	mg
	Fluid	ml
	Fluid	ml
	Dopamine	Mcg/kg/min
	Intubation	
	Fluid	ml
	Adrenaline	Mcg/kg/min
	Noradrenaline	Mcg/kg/min
	Fluid	ml
	Fluid	ml