

POLICY: 555.44
 TITLE: Pediatric Sepsis

EFFECTIVE: 07/01/2024
 REVIEW: 07/2027
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC SEPSIS

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Sepsis is a potentially lethal medical condition that is characterized by a whole-body inflammatory state called Systemic Inflammatory Response Syndrome (SIRS). The immune system develops this inflammatory response to microbes in the blood, urine, lungs, skin, or other tissues. The syndrome can include fever, tachycardia, tachypnea, and hypotension.

Sepsis is more common in the elderly, newborns, diabetics, and persons with a compromised immune system. Other risk factors include cancer, renal disease, alcohol/drug abuse, malnutrition, hypothermia, recent surgery or invasive procedure.

Patient should be presumed to be septic if the patient meets two or more of the following criteria with no other identifiable cause:

1. Poor perfusion (capillary refill delayed 2+ seconds)
2. Tachycardia out of proportion to fever or unexplained tachycardia
3. Tachypnea out of proportion to fever
4. Hypotension = decompensated shock
5. ET CO₂ < 25 can indicate sepsis
6. Suspected infection

**Provider Key: F = First Responder/EMR
 P = Paramedic**

**E = EMT O = EMT Local Optional SOP
 D = Base Hospital Physician Order Required**

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor		X	X	X	
OXYGEN: if pulse oximetry < 94% or signs respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
SEPSIS ALERT: if sepsis criteria met		X	X	X	
VASCULAR ACCESS: IV/IO, rate as indicated				X	
FLUID BOLUS: NS 20 mL/kg rapid bolus. Repeat once for hypotension. Reassess lungs after every bolus.				X	

	F	E	O	P	D
ACETAMINOPHEN: 15 mg/kg IV/PO. Max single dose 1000 mg. Withhold if given in the last 4 hours.				X	
PUSH DOSE EPINEPHRINE: <ul style="list-style-type: none"> • Draw up patient 0.01 mg/kg code dose 1:10,000 (0.1 mg/mL) epi • In same syringe, draw the necessary quantity of NS to total 10 mL • Label the syringe with “epi” and the calculated concentration in mcg/mL • Give 1 mL (1mcg/kg) every 1-2 minutes (1 mcg/kg) and titrate to age appropriate SBP 				X	
GLUCOSE MEASUREMENT		X	X	X	
ORAL GLUCOSE: consider if conscious with an intact gag reflex and if blood sugar < 70 mg/dL.		X	X	X	
D10: 2 – 4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed.				X	

Age	Pediatric Normal Vital Signs				
	HR	RR	BP	Temp (C)	Temp (F)
<i>Premie</i>	120-170	40-70	55-75/35-45	36-38	96.8-100.4
<i>0-3 months</i>	100-160	35-60	65-85/45-55	36-38	96.8-100.4
<i>3-6 months</i>	90-120	30-45	70-90/50-65	36-38	96.8-100.4
<i>6-12 months</i>	80-120	25-40	80-100/55-65	36-38	96.8-100.4
<i>1-3 years</i>	70-110	20-30	90-105/55-70	36-38	96.8-100.4
<i>3-6 years</i>	65-110	20-25	90-110/60-75	36-38	96.8-100.4
<i>6-12 years</i>	65-100	14-22	90-120/60-75	36-38	96.8-100.4
<i>12+</i>	55-100	12-20	100-135/65-85	36-38	96.8-100.4