

Septic Shock Flowsheet

0 min

- Recognize decreased mental status and perfusion
- Begin high flow oxygen and establish IO/IV access.

5 min

- Push 20ml/kg saline boluses and reassess after each bolus up to 60 ml/kg until improved perfusion. Stop for hepatomegaly/rales/crackles.
- Correct hypoglycemia and hypocalcemia.
- Begin antibiotics:
 - Healthy patient: Ceftriaxone (100mg/kg up to 2gm) and Vancomycin (15mg/kg)
 - Oncology patient/ Immunocompromised/Chronic medical condition/Central line: Cefepime (50mg/kg) and Vancomycin (15mg/kg)
 - Suspected intraabdominal source: Piperacillin/Tazobactam (100mg/kg) and Vancomycin (15mg/kg)

Fluid refractory shock?

15 min

- Begin peripheral Epinephrine (0.05-0.3 µg/kg/min)
- Consider intubation
 - Use Ketamine (1-2 mg/kg) for sedation in RSI

- Titrate Epinephrine for cold shock (0.05-0.3 µg/kg/min)
- Titrate central norepinephrine for warm shock (0.05 µg/kg/min and upward)
- If Epi/Norepi unavailable use:
 - Central dopamine at 5-9 µg/kg/min for cold shock and ≥10 µg/kg/min for warm shock

60 min

To PICU for further management