### STANDARD TREATMENT WORKFLOW (STW)

## Sepsis and Septic Shock in Children

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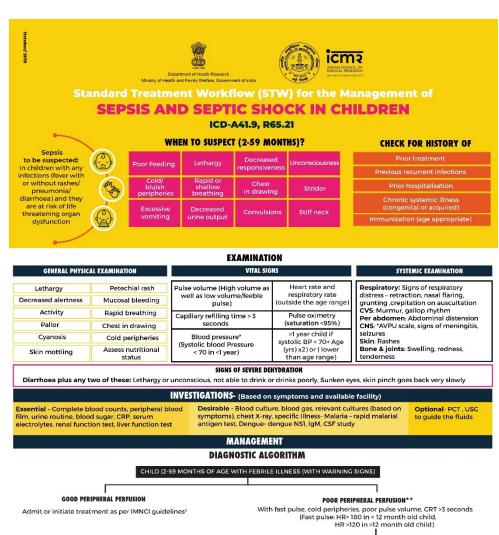
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#### **EXAMINATION**

| GENERAL PHYSICAL EXAMINATION |                  | VITAL SIGNS                  |  | SYSTEMIC EXAMINATION                  |
|------------------------------|------------------|------------------------------|--|---------------------------------------|
| Lethargy                     | Petechial rash   | Pulse volume (High volume as |  | Respiratory: Signs of respiratory     |
| Decreased alertness          | Mucosal bleeding | well as low volume/feeble    |  | distress - retraction, nasal flaring, |





"If there is improvement after 1st bolus and history of diarrhea present then:

Give 70 ml/kg over 5 hours in infants and over 2 ½ hours in a child with hypovolemic shock. Give additional fluids if losses continue.

Start maintenance fluid in case of other illness

Antibiotics
1.>3 months inj Ceftriaxone 100mg/kg/day ( 2 divided doses)
2.<3 month inj Ceftriaxone 100mg/kg (divided 6-8hrly).
Inj Centamicin 5-7.5 mg/kg single dose /day
3. If soft tissue infection: consider inj Cloxacillin 200mg/kg divided 6 hourly or inj Amoxicillin-Clavulanic acid 30 mg/kg/dose 8hrly)

Inj Adrenalline-0.3x body weight in mg in 50 ml NS or 5% dextrose at 1 ml/hr will give 0.1 microgram/kg/min

Admit, initiate treatment, refer to centre with facility of ICU, ventilation, 24 hour monitoring (if required)

Start O<sub>2</sub> with face mask @ 4-6 lit/min, or hood @8-10 lit if not available nasal prongs 1-2 lit/min to maintain SpO<sub>2</sub> >95%. Insert two IV canulas, give first dose of antibiotics within first one hour

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Give 20 ml/kg of normal saline fluid bolus over 20-30 minutes.

e, improvement in pulse lume and warm peripheries

If no improvement

Repeat bolus of 20 ml/kg over 30 minutes, with careful monitoring for hepatomegaly, oxygen saturation, crepitation's in chest (if any of above appears then stop fluids)

If shock persists

Start Inj Adrenaline infusion @0.1 microgram/kg/min and refer to higher centre

#For severe acute malnutrition – consider SAM STW #For suspected Dengue follow Dengue Fever STW



\*DISABILITY (AVPU SCALE)

A Is the child Alert? If not, V Is the child responding to Voice? If not. P is the child responding to Pain?; U The child who is Unresponsive to voice (or being shaken) AND to pain is Unconscious \*Anything below A should be classify as danger sign

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal [state.org.in] for more information.

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