### Triage Screening Tool

#### Immediate PED Room Placement (PED 1 or 2), Triage B
- **MD/RN Rapid Team Assessment**
  - Mental Status, ABCDE’s, Monitors, VS with BP

#### UNMH Pediatric ED Sepsis Pathway

**Positive Screen is 3 RED OR 2 RED and 1 BLUE**

<table>
<thead>
<tr>
<th>Temp</th>
<th>Fever &gt; 38.5°C or &lt; 36°C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF</strong></td>
<td><strong>&lt; 3 months, fever is &gt; 38 °C</strong></td>
</tr>
<tr>
<td><strong>In cancer patient, fever is &gt; 38°C</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Rate</th>
<th>Age</th>
<th>Tachycardia or Bradycardia</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 yr</td>
<td>&gt; 180</td>
<td>&lt; 90</td>
</tr>
<tr>
<td>1 - 2 yrs</td>
<td>&gt; 160</td>
<td>&lt; 80</td>
</tr>
<tr>
<td>3 - 5 yrs</td>
<td>&gt; 140</td>
<td>&lt; 65</td>
</tr>
<tr>
<td>6 - 12 yrs</td>
<td>&gt; 130</td>
<td>&lt; 55</td>
</tr>
<tr>
<td>13-18 yrs</td>
<td>&gt; 120</td>
<td>&lt; 50</td>
</tr>
</tbody>
</table>

**High Risk Conditions**
- < 60 days (use ED Neonatal Fever careset (<60 days))
- Indwelling hardware: Central line, VP Shunt, implant
- BMT or solid organ transplants
- Cancer patient (If well appearing, then use Fever & Oncology Pathway)
- Immunocompromised: Cancer, Asplenia, Adrenal insufficiency, Sickle Cell, or Immunosuppressive therapy
- Static encephalopathy (CP)
- Red Flag Rashes: Petechiae, Purpura, or Erythroderma
- GI: Intestinal Failure, Hirschsprung’s, TPN dependent

**Altered Mental Status**
- Anxiety, restlessness, agitation, irritability, inappropriate crying, drowsiness, confusion, lethargy, obtunded, significant parental concern for AMS

**Impaired Perfusion**
- Cool extremities, capillary refill > 3 seconds, diminished pulses, mottling or Flushed, warm extremities, bounding pulses, flash capillary refill

**OVERALL GOAL:**
- Restore normal perfusion

**INTERVENTIONS:**
- Initiate Fluid Resuscitation within 30 minutes
- Antibiotics within 60 minutes

**Team Decision to Proceed with Sepsis Pathway**
- **PED Sepsis Page, Resuscitation Flowsheet**
  - High Flow O2 (Min 2LPM), IV Access x 2,
  - **ED Peds Sepsis & Oncology Careset (>60 days), ED Neonatal Fever Careset (<60 days):** Immediate Fluids, Antibiotics
  - Sepsis labs, Correct Hypoglycemia and Hypocalcemia
  - Hydrocortisone if Adrenal Insufficiency

**GIVE ANTIBIOTICS**

- Repeated 20 mL/kg NS boluses (up to 3 boluses)
  - [Push Pull (<25Kg) or Pressure Bag (>25Kg) over 5 minutes]

**H&P to Identify Source**

- Notify PICU and specialty service

**INTERVENTIONS:**

- **Fluid Responsive Shock**
  - (HR, MS, Perfusion Normal with ≤ 60 ml/kg NS)
  - Consider Observation in ICU

- **Fluid Refractory Shock**
  - Monitor Mental Status, Vitals, ABCDE’s, perfusion
  - Cold Shock
  - Warm Shock
  - Consider Hydrocortisone if Catecholamine Resistant Shock

**5 min**

**0-20 min**

- 0-40 min

- 60 min
**Antibiotic Recommendations**

### “ED Pediatric Sepsis and Oncology (>60 days) Careset”

<table>
<thead>
<tr>
<th>Healthy Patient, No Central Line (including Skin/Soft Tissue, Bone, Joint Infection)</th>
<th>Ceftriaxone Vancomycin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunocompromised Oncology Patient</td>
<td>Cefepime Vancomycin</td>
</tr>
<tr>
<td>Immunosuppressive meds Recent hospitalization (&gt; 4 days within 2 months) Chronic medical condition Central line</td>
<td>Piperacillin/ Tazobactam Vancomycin</td>
</tr>
<tr>
<td>Patient with Suspected Intraabdominal Source (including GI and TPN dependent patients)</td>
<td>Piperacillin/ Tazobactam Vancomycin</td>
</tr>
</tbody>
</table>

### “ED Peds Neonatal Fever (0-60 days) Careset”

- **≤28 days:** Ampicillin + Gentamicin ± Acyclovir
  - **28 days:** Ceftriaxone OR [Ampicillin + Gentamicin]

**Immunosuppressive Medications**
- Azathioprine/Mercaptopurine
- Anakinra
- Cyclophosphamide
- Etanercept
- Monoclonal antibodies (e.g. infliximab, vedolizumab, rituximab, adalimumab, etc.)
- Mycophenolate mofetil
- Oral or SQ methotrexate > 5 mg
- Prednisone 2 mg/kg/day or >20 mg daily (> 2 weeks) Tacrolimus/Sirolimus

**Penicillin/Cephalosporin Allergy Alternatives**

**True Penicillin Allergy (non-anaphylaxis):**
- Replace with Cefepime

**True Cephalosporin Allergy:**
- Replace with Aztreonam

**If Anaphylaxis:**
- Replace with Aztreonam

**Ceftriaxone**
- <10kg: 50mg/kg q8h
- 10-12kg: 550 mg q8h
- 13-15kg: 700 mg q8h
- 16-18kg: 850 mg q8h
- 19-22kg: 1000 mg q8h
- 23-27kg: 1250 mg q8h
- 28-32kg: 1500 mg q8h
- 33-37kg: 1750 mg q8h
- >37kg: 2000 mg q24h

**Cefepime**
- <10kg: 550 mg q8h
- 10-12kg: 550 mg q8h
- 13-15kg: 700 mg q8h
- 16-18kg: 850 mg q8h
- 19-22kg: 1000 mg q8h
- 23-27kg: 1250 mg q8h
- 28-32kg: 1500 mg q8h
- 33-37kg: 1750 mg q8h
- >37kg: 2000 mg q24h

**Zosyn (Based on Piperacillin Component)**
- <10kg: 75mg/kg q6h
- 10-11kg: 750 mg q6h
- 12-13kg: 900 mg q6h
- 14-15kg: 1 gram q6h
- 16-18kg: 1.25 gram q6h
- 19-21kg: 1.5 gram q6h
- 22-24kg: 1.75 gram q6h
- 25-28kg: 2 gram q6h
- 29-31kg: 2.25 gram q6h
- 32-35kg: 2.5 gram q6h
- 36-39kg: 2.75 gram q6h
- >40kg: 3.375 gram q6h
  - OR 4.5 gram q6h

**Vancomycin**
- <13kg: 15mg/kg q6h
- 13-14kg: 200mg q6h
- 15-18kg: 250mg q6h
- 19-21kg: 300mg q6h
- 22-24kg: 350mg q6h
- 25-27kg: 400mg q6h
- 28-30kg: 450mg q6h
- 31-35kg: 500mg q6h
- 36-37kg: 550mg q6h
- 38-45kg: 625mg q8h
- 46-53kg: 750mg q8h
- 54-62kg: 875mg q8h
- 63-74kg: 1000mg q8h
- >74kg: 1250mg q8h

### Fluid Responsive Shock

- Shock resolves with less 60 ml/kg fluid resuscitation when appropriate

### Fluid Refractory Shock

- Shock persists with greater than 60 ml/kg fluid resuscitation when appropriate

**Additional Medication Recommended Starting Doses**

**Hydrocortisone 1mg/kg/dose q6h**

**Dopamine 5-15 mcg/kg/min for Cold Shock**

**Epinephrine 0.05-0.3 mcg/kg/min for Cold Shock**

**Norepinephrine ≥ 0.05 mcg/kg/min for Warm Shock**

(mixing instructions on code sheets)