Treatment Protocols Systemic Inflammatory Response Syndrome/ Suspected Sepsis - Pediatric

Policy #9210P

- **Universal Patient Protocol** •
- Ensure patent airway •
- Give oxygen and/or ventilate PRN per Airway Policy
- Continuously monitor pulse oximetry, blood pressure, Blood glucose prn •
- Identify criteria: •
 - o Suspected infection
 - And
 - \circ 2 or more of the following:
 - HR high for age range
 - RR high for age range
 - Temp $< 96.8^{\circ}F(36^{\circ}C) \text{ or } > 100.4^{\circ}F(38.0^{\circ}C)$
- Notify receiving facility of suspected SIRS patient

Pediatric LALS Standing Orders

Establish IV •

o 10 mL/kg NS IV bolus MR x1, if patient is without rales and there is no evidence of heart failure If SBP low for age after initial fluid bolus, refer to Shock Protocol

Pediatric ALS Standing Orders

- Monitor EKG •
- Establish IV/IO •
- Capnography •
- 12 lead EKG PRN
- 10 mL/kg NS IV/IO bolus MR x1, if patient is without rales and there is no evidence of heart failure •

If SBP low for age after initial fluid bolus, refer to Shock Protocol

Pediatric Base Hospital Orders

- BH •
 - Additional NS 0.9% 20 mL/kg IV/IO PRN hypotension or poor perfusion 0
 - Dopamine titrated per orders 0

APPROVED:

Signature on File Katherine Staats, M.D. FACEP **EMS** Medical Director