Assessment and early management of sepsis

RR (bpm)

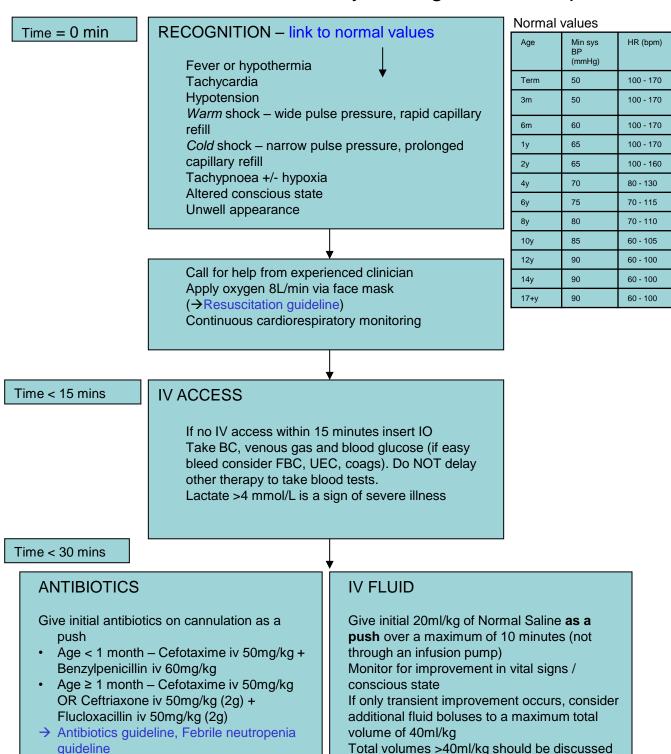
40 - 60

30 - 40

16

16

16



with senior clinician

If no IV/IO access within 30 minutes:

give IM Ceftriaxone 50mg/kg and seek assistance in obtaining IV access Once IV access is obtained immediately give full IV antibiotic doses as listed above Time < 60 mins

INOTROPE

 If no improvement in vital signs/conscious state occurs after fluid bolusing correct hypogcalcaemia and consider:

Noradrenaline for warm shock
Dobutamine for cold shock (→ drug doses)

- Inotropes can be given via a peripheral IV. A central line is not required at this stage.
- Contact Sick Kids Hotline (03)9345 7007 if inotropes are required

VENTILATORY SUPPORT

- For respiratory distress/hypoxia in a patient with normal conscious state consider non-invasive ventilation
- For respiratory distress/hypoxia in a patient with altered conscious state consider intubation/ventilation.

FURTHER MANAGEMENT

- If initial lactate >4mmol/dL it should be repeated after ~2 hours of resuscitation. Lactate clearance of >10% should be targeted.
- · Correct hypocalcaemia.
- Monitor BSL.
- Secondary resuscitation measures including second inotrope, steroids, haemofiltration, and ECMO should be discussed.