**RECOGNITION – link to normal values**

- Fever or hypothermia
- Tachycardia
- Hypotension
- *Warm* shock – wide pulse pressure, rapid capillary refill
- *Cold* shock – narrow pulse pressure, prolonged capillary refill
- Tachypnoea +/- hypoxia
- Altered conscious state
- Unwell appearance

**Call for help from experienced clinician**

Apply oxygen 8L/min via face mask

(→ Resuscitation guideline)

Continuous cardiorespiratory monitoring

**IV ACCESS**

- If no IV access within 15 minutes insert IO
- Take BC, venous gas and blood glucose (if easy bleed consider FBC, UEC, coags). Do NOT delay other therapy to take blood tests.
- Lactate >4 mmol/L is a sign of severe illness

**ANTIBIOTICS**

- Give initial antibiotics on cannulation as a push
  - Age < 1 month – Cefotaxime iv 50mg/kg
  - Benzylpenicillin iv 60mg/kg
  - Age ≥ 1 month – Cefotaxime iv 50mg/kg
  - OR Ceftriaxone iv 50mg/kg (2g) + Flucloxacillin iv 50mg/kg (2g)

(→ Antibiotics guideline, Febrile neutropenia guideline)

- If no IV/O 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

**IV FLUID**

- Give initial 20ml/kg of Normal Saline **as a push** over a maximum of 10 minutes (not through an infusion pump)
- Monitor for improvement in vital signs / conscious state
- If only transient improvement occurs, consider additional fluid boluses to a maximum total volume of 40ml/kg
- Total volumes >40ml/kg should be discussed with senior clinician
INOTROPE

- If no improvement in vital signs/conscious state occurs after fluid bolusing correct hypocalcaemia 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.