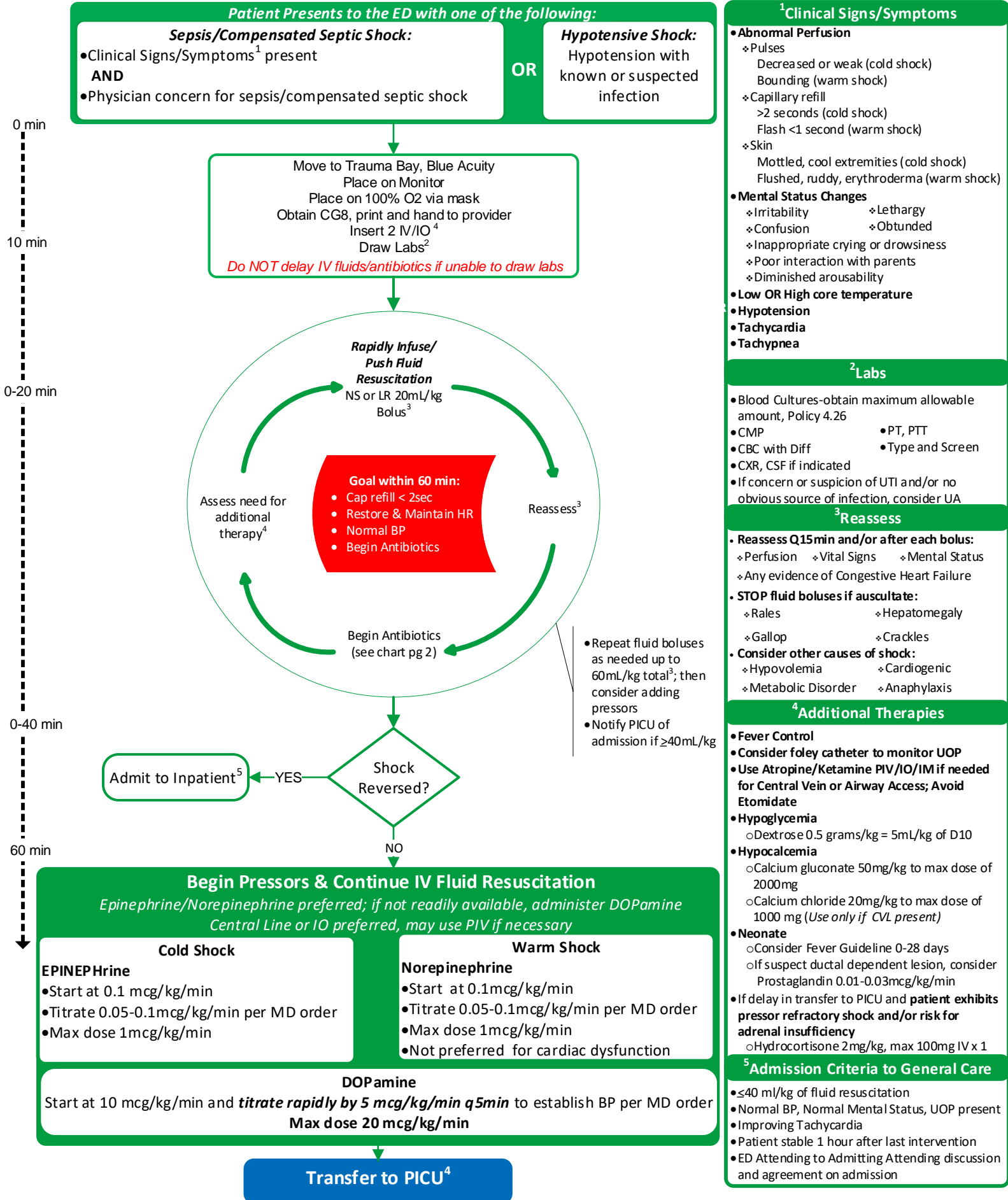


# Clinical Practice Guideline for Rapid Management of Sepsis AND Septic Shock in the Emergency Department

Original Publication 6/14  
Reviewed 1/22





## ANTIBIOTIC ADMINISTRATION FOR SEPSIS

When infusing multiple antibiotics, administer in the following order

Use the antibiotics **readily available** in the pyxis first

Use the antibiotic with the **shortest administration time** before others

Give ALL Medications in Group *Unless otherwise specified*

|   | Medication                               | Dose<br>All x1 in ED | Max<br>Dose |
|---|--|----------------------|-------------|
| <b>Healthy Kids <math>\geq 29</math> days of age</b>  | CefTRIAxone*                             | 75mg/kg IV           | 2000mg      |
|   | Vancomycin                               | 20mg/kg IV           | 1250mg      |
| •If suspect toxic shock, <b>ADD</b>   | Clindamycin                              | 13mg /kg IV          | 900mg       |
| •If suspect Rocky Mountain Spotted Fever or tick borne disease, <b>ADD</b>  | Doxycycline                              | 2.2mg/kg IV          | 100mg       |
| •If high suspicion for Staph aureus, <b>ADD</b>   | Nafcillin<br><i>Can be given in PICU</i> | 50mg/kg IV           | 2000mg      |
| •If suspect abdominal pathogen and/or anaerobes, <b>ADD</b>   | MetroNIDAZOLE (Flagyl)                   | 10mg/kg IV           | 500mg       |
| <b>If prior history of ESBL</b><br>(Extended-Spectrum-Beta-Lactamase Resistant Organisms)   | Meropenem                                | 20mg/kg IV           | 1000mg      |
| <b>Oncology, including BMT</b>  | Meropenem                                | 20mg/kg IV           | 1000mg      |
|   | Vancomycin                               | 20mg/kg IV           | 1250mg      |
| <b>Significant Chronic Medical Conditions:</b><br>•Sickle Cell Disease<br>•Immunocompromised (excluding Oncology)<br>•Immunosuppressive Meds<br>•Recent Hospitalization (>4 days within 2 months)<br>•Central Line                  | Cefepime                                 | 50mg/kg IV           | 2000mg      |
|   | Vancomycin                               | 20mg/kg IV           | 1250mg      |
| <b>Neonate <math>\geq 2</math>kg</b>  | Ampicillin                               | 100mg/kg IV          | N/A         |
|   | CefTAZidime                              | 50mg/kg IV           | N/A         |
| •If risk factors for Herpes Simplex Virus are present <b>ADD</b><br>Risk factors:<br>•Maternal history of herpes<br>•Patient presents with seizures<br>•Suspicious skin lesions, including any scalp lesions<br>•Elevated ALT (>50) | Acyclovir                                | 20mg/kg IV           | N/A         |
| •If high suspicion for Staph aureus, <b>ADD</b>   | Vancomycin                               | 20mg/kg IV           | N/A         |

\* If allergic to PCN or Cephalosporins use Meropenem at 20mg/kg; Max dose of 1000mg