**PEDIATRIC SEPTIC SHOCK COLLABORATIVE CLINICAL PATHWAY [ED SETTING]**

**Time of Arrival**

Recognize abnormal vital signs and altered mental status and perfusion

**Diagnostic Evaluation**

-- Conduct lab and radiographic evaluation to identify source of infection

**Initial Resuscitation**

-- Administer 1st bolus* of 20mL/kg isotonic saline via push-pull, rapid infuser, or pressure bag within 20 minutes
-- Reassess need for additional resuscitation

**Subsequent Resuscitation**

-- Consider establishing 2nd IV
-- Administer 2nd and 3rd boluses of 20mL/kg isotonic saline (via push-pull, rapid infuser, or pressure bag) or colloid up to and over 60mL/kg until perfusion improves or unless rales or hepatomegaly develop
-- Correct hypoglycemia and hypocalcemia

**Fluid Refractory Shock**

-- Begin inotrope IV/IO. Consider sedation for central line placement and rapid sequence intubation medications, if intubation is necessary

**Catecholamine Resistant Shock**

-- Begin hydrocortisone if at risk for absolute adrenal insufficiency (Dosage: 2 mg/kg IV bolus (max 100mg))

*Adjust fluid volume and rapidity of administration for patients whose pre-existing condition precludes rapid, large volume fluid resuscitation (i.e., poor cardiac function).

**References**

