

Surviving Sepsis Campaign®

SURVIVING SEPSIS CAMPAIGN INTERNATIONAL GUIDELINES FOR THE MANAGEMENT OF SEPTIC SHOCK AND SEPSIS-ASSOCIATED ORGAN DYSFUNCTION IN CHILDREN

FLUID THERAPY RECOMMENDATIONS TABLE

RECOMMENDATION #17	STRENGTH & QUALITY OF EVIDENCE
In healthcare systems with availability of intensive care, we suggest administering up to 40–60mL/kg in bolus fluid (10–20mL/kg per bolus) over the first hour, titrated to clinical markers of cardiac output and discontinued if signs of fluid overload develop, for the initial resuscitation of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none">• Weak• Low-Quality of Evidence
RECOMMENDATION #18	STRENGTH & QUALITY OF EVIDENCE
In healthcare systems with no availability of intensive care and in the <i>absence of hypotension</i> , we recommend against bolus fluid administration while starting maintenance fluids.	<ul style="list-style-type: none">• Strong• High-Quality of Evidence
RECOMMENDATION #19	STRENGTH & QUALITY OF EVIDENCE
In healthcare systems with no availability of intensive care, if hypotension is present, we suggest administering up to 40mL/kg in bolus fluid (10–20mL/kg per bolus) over the first hour with titration to clinical markers of cardiac output and discontinued if signs of fluid overload develop. Remarks: Clinical markers of cardiac output may include heart rate, blood pressure, capillary refill time, level of consciousness, and urine output. In all settings, the need for fluid administration should be guided by frequent reassessment of clinical markers of	<ul style="list-style-type: none">• Weak• Low-Quality of Evidence

cardiac output, serial blood lactate measurement and advanced monitoring, when available. Signs of fluid overload that should limit further fluid bolus therapy may include clinical signs of pulmonary edema or new or worsening hepatomegaly.

RECOMMENDATION #20	STRENGTH & QUALITY OF EVIDENCE
We suggest using crystalloids, rather than albumin, for the initial resuscitation of children with septic shock or other sepsis-associated organ dysfunction. Remarks: Although there is no difference in outcomes, this recommendation takes into consideration cost and other barriers of administering albumin compared with crystalloids.	<ul style="list-style-type: none">• Weak• Moderate-Quality of Evidence

RECOMMENDATION #21	STRENGTH & QUALITY OF EVIDENCE
We suggest using balanced/buffered crystalloids, rather than 0.9% saline, for the initial resuscitation of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none">• Weak• Very Low-Quality of Evidence

RECOMMENDATION #22	STRENGTH & QUALITY OF EVIDENCE
We recommend against using starches in the acute resuscitation of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none">• Strong• Moderate-Quality of Evidence

RECOMMENDATION #23	STRENGTH & QUALITY OF EVIDENCE
We suggest against using gelatin in the resuscitation of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none">• Weak• Low-Quality of Evidence