

Surviving Sepsis Campaign®

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

SCREENING, DIAGNOSIS, AND SYSTEMATIC MANAGEMENT RECOMMENDATIONS TABLE

RECOMMENDATION #1	STRENGTH & QUALITY OF EVIDENCE
<p>In children who present as acutely unwell, we suggest implementing systematic screening for timely recognition of septic shock and other sepsis-associated organ dysfunction.</p> <p>Remarks: Systematic screening needs to be tailored to the type of patients, resources, and procedures within each institution. Evaluation for the effectiveness and sustainability of screening should be incorporated as part of this process.</p>	<ul style="list-style-type: none">• Weak• Very Low-Quality of Evidence
RECOMMENDATION #2	STRENGTH & QUALITY OF EVIDENCE
<p>We were unable to issue a recommendation about using blood lactate values to stratify children with suspected septic shock or other sepsis-associated organ dysfunction into low- versus high-risk of having septic shock or sepsis. However, in our practice, if lactate levels can be rapidly obtained, we often measure blood lactate in children when evaluating for septic shock and other sepsis-associated organ dysfunction.</p>	Insufficient
RECOMMENDATION #3	STRENGTH & QUALITY OF EVIDENCE
<p>We recommend implementing a protocol/guideline for management of children with septic shock or other sepsis-associated organ dysfunction.</p>	Best Practice Statement

RECOMMENDATION #4

**STRENGTH &
QUALITY OF EVIDENCE**

We *recommend obtaining* blood cultures before initiating antimicrobial therapy in situations where this does not substantially delay antimicrobial administration.

Best Practice
Statement