

PAEDIATRIC (1 month to 16 years) SEPSIS/SEPTIC SHOCK
INTRAVENOUS ANTIBIOTIC GUIDELINE FOR ISLHD

SEPSIS = Life-threatening organ dysfunction caused by an abnormal response to infection

SEPTIC SHOCK = Sepsis with evidence of cardiovascular organ dysfunction, hypotension is a late sign

ACTIONS: 1. Follow PAEDIATRIC Sepsis Pathway (Remember lactate/blood cultures/fluid resus/antibiotics)

2. Use local Between the Flags escalation procedures.

3. **Contact PAEDIATRICIAN through switchboard for advice as soon as possible**

PAEDIATRIC ANTIBIOTIC PRESCRIBING GUIDE (Review after 24 hours)

Doses are for Paediatric SUSPECTED sepsis + septic shock. For non-severe infections use SCH guideline or eTG.

Consider the intraosseous route for administration of antibiotics and fluids if intravenous access cannot be obtained after two failed attempts. Seek early advice from a senior clinician.

Likely Source	Preferred Regimen	Penicillin Allergy NOT immediate hypersensitivity	Penicillin/Cephalosporin Allergy Immediate/anaphylaxis
SUSPECTED sepsis due to unknown source Age: 2mths - 16yrs	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Cefotaxime 50mg/kg (Max 2g) 6-hourly	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Cefotaxime 50mg/kg (Max 2g) 6-hourly	Seek advice from Paediatric Senior Clinician
	If increased risk of MRSA or septic shock present, ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly		
SUSPECTED sepsis due to meningitis Age: 2mths – 16yrs	Dexamethasone IV may be given with/before antibiotics: 0.15mg/kg (Max 10mg) then 6-hourly for 4 days		
	Cefotaxime 50mg/kg (Max 2g) 6-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Cefotaxime 50mg/kg (Max 2g) 6-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Seek advice from Paediatric Senior Clinician
	If herpes simplex encephalitis suspected ADD Aciclovir 3mth - 12 yrs: 15-20mg/kg, ≥12 years 10mg/kg, 8-hourly		
SUSPECTED sepsis due to unknown source Meningitis excluded (Normal CSF) Age: 1mth – under 2mths	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Ampicillin 50mg/kg (Max 2g) 6-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Cefotaxime 50mg/kg (Max 2g) 8-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Seek advice from Paediatric Senior Clinician
SUSPECTED sepsis due to unknown source Meningitis NOT excluded Age: 1mth – under 2mth	Ampicillin 50mg/kg (Max 2g) 6-hourly PLUS Cefotaxime 50mg/kg (Max 2g) 6-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Cefotaxime 50mg/kg (Max 2g) 6-hourly If MRSA suspected ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Seek advice from Paediatric Senior Clinician
	If herpes simplex encephalitis suspected ADD Aciclovir 20mg/kg 8-hourly (1mth-2mth)		

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Likely Source	Preferred Regimen	Penicillin Allergy (NOT immediate hypersensitivity)	Penicillin/Cephalosporin Allergy (Immediate/anaphylaxis)
SUSPECTED sepsis due to community-acquired pneumonia (CAP)	Cefotaxime 50mg/kg (Max 2g) 8-hourly PLUS Clindamycin 15mg/kg (Max 600mg) 8-hourly	Cefotaxime 50mg/kg (Max 2g) 8-hourly PLUS Clindamycin 15mg/kg (Max 600mg) 8-hourly	Seek advice from Paediatric Senior Clinician
	If increased risk of MRSA or septic shock present, ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly If atypical pneumonia suspected ADD Azithromycin 10mg/kg (Max 500mg) daily		
SUSPECTED sepsis due to urinary tract source	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Ampicillin 50mg/kg (Max 2g) 6-hourly	Gentamicin ADJUSTED weight (see dosing table below) daily	Gentamicin ADJUSTED weight (see dosing table below) daily
SUSPECTED sepsis due to intra-abdominal source	Gentamicin ADJUSTED weight (see dosing table below) daily PLUS Ampicillin 50mg/kg (Max 2g) 6-hourly PLUS Metronidazole 12.5mg/kg (Max 500mg) 12-hourly	Cefotaxime 50mg/kg (Max 2g) 8-hourly PLUS Metronidazole 12.5mg/kg (Max 500mg) 12-hourly	Seek advice from Paediatric Senior Clinician
SUSPECTED sepsis due to cellulitis (not periorbital or facial)	Flucloxacillin 50mg/kg (Max 2g) 6-hourly IF MRSA SUSPECTED ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Cefazolin 50mg/kg (Max 2g) 8-hourly IF MRSA SUSPECTED ADD Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly	Seek advice from Paediatric Senior Clinician
	For necrotising skin/soft tissue infection OR cellulitis associated with hypotension, septic shock USE: Meropenem 20mg/kg (Max 1g) 8-hourly PLUS Vancomycin 15mg/kg ACTUAL weight (Max 750mg) 6-hourly PLUS Clindamycin 15mg/kg (Max 600mg) 8-hourly		
Fever OR Suspected Sepsis in oncology/transplant patients	REQUIRES IMMEDIATE REVIEW & TREATMENT See NSW Health Guideline – Infants and Children: Initial Management of Fever/Suspected Sepsis in Oncology /Transplant Patients		
Gentamicin dosing for Age	Dose	Frequency	Max number of empiric doses
1 month to younger than 10 years	7.5mg/kg up to 320mg	24-hourly	3 doses (at 0, 24 and 48 hours)
Children 10 years and older	6mg/kg up to 560mg 7mg/kg for children with septic shock or ICU support required	24 hourly	3 doses (at 0, 24 and 48 hours)
If gentamicin contraindicated contact Paediatric Senior Clinician for advice.			
Ceftriaxone 50mg/kg up to 2g, 24-hourly (12-hourly in CNS infections), can be used in place of cefotaxime.			
Obtain Guidance MS approval for restricted antibiotics when prescribing.			