



First Nations Health Authority
Health through wellness

Client Information:

NAME

DATE OF BIRTH

PHN

Pre-Printed Order (PPO)

Pediatric: Initial Management of Suspected Sepsis
in Remote Settings (Age 29 days to less than 17 years)

Form ID: _____ Rev: _____ Pg: 1 of 3

Drug and Food Allergies:

“●” = Mandatory activity “□” = Optional: prescriber check (v) to initiate, cross out and initial any orders not indicated

Screening Criteria:

- Age: (months or year): _____ Height (cm): _____ Weight (kg): _____

Assess for and communicate to physician:

Tachycardia	
AGE	Heart Rate greater than
0 to less than 6 m	180
6 to less than 12 m	160
1 y to 4 y	145
4 y to less than 10 y	125
10 y or older	105

Any Signs of Infection?

- Fever (greater than 38.0 C)
- Hypothermia (less than 36.0 C)
- Decreased feeding or urine output
- Cough, chest pain, or respiratory distress
- Abdominal pain, distention, vomiting, or diarrhea
- Skin or joint – pain, swelling, or rash
- Other signs of infection

High-risk medical conditions?

- Age less than 3 months
- Immunocompromised
- Cardiac or respiratory or neuromuscular disease
- Significant developmental delay
- Recent surgery or hospitalization



CALL REAL TIME VIRTUAL SUPPORT (RTVS) Physician for coordination with CHARLiE 1-236-305-9302
RUDI/CHARLiE physician will determine if child meets the criteria for use of Sepsis PPO

Additional Infection Prevention and Control Precautions:

- Contact (e.g. MRSA, C.diff, COVID-19)
- Airborne (e.g. TB, measles)
- Droplet (e.g. MRSA respiratory, COVID-19)
- Other: _____

REFERRALS/CONSULTS

- **REAL TIME VIRTUAL SUPPORT (RTVS) Physician for coordination with CHARLiE 1-236-305-9302**
- BC Emergency Health Services/ Patient Transfer Network (PTN)
- OTHER: _____

A transport escalation pathway will be initiated by RTVS or CHARLiE (via rapid case conference and transport escalation plan), if child is critically ill and the Infant Transport Team (ITT) is not available or significantly delayed

MONITORING

- Vital sign monitoring and pediatric assessment as per Pediatric Early Warning Score (PEWS) guidelines: Q15MIN and PRN if any deterioration: Blood Pressure, Capillary Refill Time (CRT), Heart Rate, Level of Consciousness, Respiratory Rate, O2 SAT, Temperature
- **Monitor and document before and after completion of each IV bolus:** signs of fluid overload (rales, worsening respiratory distress, new or worsening oxygen requirement, gallop rhythm etc.) including chest auscultation
- Capillary Blood Glucose immediately, then q2h

Date (dd/mm/yyyy) Time _____ Prescriber Signature _____ Printed Name or College ID# _____

RN signature _____ RN Name _____ Verbal order read-back



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Initial Management of Suspected Sepsis in Remote Settings (PEDIATRIC: Age 29 days to less than 17 years)

Form ID: _____ Rev: _____ Pg: 2 of 3

Drug and Food Allergies:

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- Consult MD immediately if any of the following signs of decreased perfusion/shock:

Cold extremities	Hypotension	
Fast, weak or absent peripheral pulses	Age	Systolic BP less than:
Urine output less than 1mg/kg/hour	Less than 12 m	50
Capillary Refill Time greater than 3 seconds	1 y to 5 y	60
Mental status changes (confusion, lethargy, irritability)	More than 5 y	70

TREATMENTS

- Oxygen to keep oxygen SATS above 92%

LABORATORY

- Draw blood cultures PRIOR TO starting antibiotics where possible, but Do NOT delay antibiotics for specimen collection.
- Send cultures with client to higher level of care
- Lactate, sodium, calcium, potassium, chloride, glucose, BUN, creatinine, venous blood gas (run on iSTAT if available)
 - Repeat lactate in 2 hours if initial levels are greater than 2 mmol/L

Urinalysis, Urine Culture and Sensitivity

Other (note): _____

Note: If no iSTAT available, send lab work out with client to higher level of care

MEDICATIONS

- **GOAL:** Start administration of antibiotic treatment within maximum 30 minutes of presumed diagnosis of sepsis or septic shock
- Obtain IV/IO access. Additional IV/IO access PRN

Sepsis of unknown origin	cefotaxime _____ mg IV/IO Q6H X 24 hours (50 mg/kg/dose. Max 2 g/dose)
	AND
	vancomycin _____ mg IV/IO Q6H X 24 hours (15 mg/kg/dose. Max 900 mg/dose)
	OR*
<input type="checkbox"/> cefTRIAxone _____ mg IV/IO Q24H X 24 hours (75 mg/kg/dose. Max 2 g/dose)	(caution: incompatible with lactated ringers)
AND	
vancomycin _____ mg IV/IO Q6H X 24 hours (15 mg/kg/dose. Max 900 mg/dose)	

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Immunocompromised	<input type="checkbox"/> piperacillin-tazobactam _____ mg IV/IO Q6H X 24 hours (84 mg pip-taz/kg/dose. Max 4 g/dose of piperacillin component) *AND* <input type="checkbox"/> vancomycin _____ mg IV/IO Q6H X 24 hours (15 mg/kg/dose. Max 900 mg/dose)
Suspected CNS Source	<input type="checkbox"/> cefotaxime _____ mg IV/IO Q6H X 24 hours (75 mg/kg/dose. Max 2 g/dose) *AND* <input type="checkbox"/> vancomycin _____ mg IV/IO Q6H X 24 hours (15 mg/kg/dose. Max 900 mg/dose) OR* <input type="checkbox"/> cefTRIAxone _____ mg IV/IO Q12H X 24 hours (50 mg/kg/dose. Max 2 g/dose) *AND* <input type="checkbox"/> vancomycin _____ mg IV/IO Q6H X 24 hours (15 mg/kg/dose. Max 900 mg/dose) AND* <ul style="list-style-type: none"> ● ADD if viral CNS infection suspected: <input type="checkbox"/> Age 29 days to less than 3 m: acyclovir _____ mg IV/IO Q8H X 24 hours (20 mg/kg/dose) *OR* <input type="checkbox"/> Age 3 m or older: acyclovir _____ mg IV/IO Q8H X 24 hours (10 mg/kg/dose)

Note: Physician to consider adding vasopressors if hypotension not responsive to initial fluid resuscitation, if there is fluid overload, or persistent shock.

Vasopressor orders: _____

INTRAVENOUS

Assessment	Action
If all 3 signs of shock (cold extremities + Capillary Refill Time more than 2 seconds + weak/fast pulse) OR dehydration with fluid loss (e.g. diarrhea, burns, hemorrhage)	Consider IV bolus
If 1 or 2 signs of shock AND no dehydration	Prioritize full assessment and treatment. Consider maintenance IV fluids only
If no signs of shock OR dehydration	do NOT give IV fluid bolus

● **Contact physician** for any additional IV fluids if continued signs of shock, changes in Vital Signs, or clinical status

IV bolus:

Lactated Ringer’s (LR) 10 to 20 mL/kg: _____ mL IV/IO over _____ minutes (30 to 60 minutes)

OR

Sodium Chloride 0.9% (NS) 10 to 20 mL/kg: _____ mL IV/IO over _____ minutes (30 to 60 minutes)

IV infusion (maintenance): D5NS IV/IO at _____ mL/hour

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