



Regional Order Set

Pediatric Sepsis

29 Days of Age to 17 Years of Age Less 1 Day

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			

PATIENT LABEL

Allergies: <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	Weight: _____ kg Height: _____ cm
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**Call BC Patient Transfer Network to arrange consult, advise call or transfer to higher level of care 1-866-233-2337
 This order set is not intended for patients with febrile neutropenia**

All orders considered STAT and to be completed within 40 minutes of initiation

1. CONSULTS

- Pediatrician (if local/on-call pediatrician not available contact CHARLiE Real Time Virtual Support via Zoom at charlie1@rccbc.ca)

2. PATIENT CARE

- establish IV access x 2; if unable to insert IV within 5 minutes or after 2 failed attempts establish intraosseous (IO)
- point of care blood glucose immediately, then q2h
- apply oxygen to maintain saturations above 92%
- strictly monitor input and output
- urinary catheter
- apply end tidal CO₂

3. DIET

- NPO

4. MONITORING

- assess BP, HR, respiratory rate (RR), SpO₂, cap refill, level of consciousness (LOC) q10min
- temp q1h
- reassess vitals after each fluid bolus and continue vital sign monitoring and pediatric assessment as per Pediatric Early Warning Score (PEWS) guidelines
- continuous cardiorespiratory and SpO₂ monitoring

5. IV FLUIDS

Bolus IV Fluid Resuscitation (isotonic crystalloid fluid)

- NS _____ mL IV/IO over _____ minutes (10 to 20 mL/kg over 5 to 10 minutes)
 - may repeat q10min x 2 boluses if vital signs remain abnormal and no signs of fluid overload
 - notify physician prior to each additional resuscitation bolus

OR

- LR _____ mL IV/IO over _____ minutes (10 to 20 mL/kg over 5 to 10 minutes)
 - may repeat q10min x 2 boluses if vital signs remain abnormal and no signs of fluid overload
 - notify physician prior to each additional resuscitation bolus

Maintenance IV Fluids

- D5NS IV/IO _____ mL/hour

(do NOT substitute with hypotonic solution)

Prescriber Signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

10-111-5390 (IND - VPM/RDP - Rev. 10/21) Review by December 2024

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~





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6. LABORATORY

- CBC w/diff
 - CRP
 - E7 (Na, K, CO₂, Cl, Cre, Urea, Glu), ionized calcium, Mg², PO₄
 - lactate
 - total bilirubin, AST, ALT, PT, PTT, fibrinogen
 - blood culture
 - venous blood gas
 - urinalysis, urine culture and sensitivity (do not delay first antibiotic administration)
 - blood group and screen
- Cerebrospinal Fluid
 - cell count with differential
 - gram stain and culture
 - glucose
 - protein level
 - BioFire NAT panel
 - Nasopharyngeal Flocked Swab
 - respiratory NAT panel
 - Stool
 - fecal leukocytes (if diarrhea present)
 - culture

7. DIAGNOSTICS

- chest X-ray
- electrocardiogram, 12-lead
- echocardiogram

8. MEDICATIONS

Empiric antibiotic recommendations

Empiric antimicrobial orders require reassessment when new clinical/laboratory information become available.

Unknown source: (**cefotaxime** OR **cefTRIAxone**) PLUS **vancomycin**

- cefotaxime** _____ mg (50 mg/kg/dose) IV/IO q6h (max 2 g/dose)
- PLUS **vancomycin** _____ mg (15 mg/kg/dose) IV/IO q6h (max 2 g/dose)
- OR
- cefTRIAxone** _____ mg (75 mg/kg/dose) IV/IO q24h (max 2 g/dose) (*caution: incompatible with lactated ringers)
- PLUS **vancomycin** _____ mg (15 mg/kg/dose) IV/IO q6h (max 2 g/dose)

If immunocompromised (without suspected meningitis): **piperacillin-tazobactam** PLUS **vancomycin**

- piperacillin-tazobactam** _____ mg (75 mg/kg/dose of **piperacillin**) IV/IO q6h (max 4 g/dose of **piperacillin** component)
- PLUS **vancomycin** _____ mg (15 mg/kg/dose) IV/IO q6h (max 2 g/dose)

Suspected CNS source: (**cefotaxime** OR **cefTRIAxone**) PLUS **vancomycin** PLUS **acyclovir**

- cefotaxime** _____ mg (75 mg/kg/dose) IV/IO q6h (max 2 g/dose)
- PLUS **vancomycin** _____ mg (15 mg/kg/dose) IV/IO q6h (max 2 g/dose)
- OR
- cefTRIAxone** _____ mg (50 mg/kg/dose) IV/IO q12h (max 2 g/dose)
- PLUS **vancomycin** _____ mg (15 mg/kg/dose) IV/IO q6h (max 2 g/dose)

PLUS (select age dependent **acyclovir** dose)

For patients 29 days of age to less than 3 months of age

- acyclovir** _____ mg (20 mg/kg/dose) IV/IO 8h
- OR

For patients greater than or equal to 3 months of age

- acyclovir** _____ mg (10 mg/kg/dose) IV/IO q8h



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Antipyretics

For patients 29 days of age to less than 3 months of age

- acetaminophen** _____ mg (10 mg/kg/dose) PO q4h PRN for temp greater than 38°C (max 60 mg/kg/24 h)
- acetaminophen** _____ mg (20 mg/kg/dose) PR q6h PRN for temp greater than 38°C (max 80 mg/kg/24 h)

For patients greater than or equal to 3 months of age

- acetaminophen** _____ mg (15 mg/kg/dose) PO q4h PRN for temp greater than 38°C (max 75 mg/kg/24 h)
- acetaminophen** _____ mg (20 mg/kg/dose) PR q6h PRN for temp greater than 38°C (max 80 mg/kg/24 h)

EPINEPHrine Infusion

- start **EPINEPHrine** infusion 0.05 mcg/kg/min IV/IO
 - titrate rate up by 0.02 mcg/kg/min to a max of 1 mcg/kg/min