

Scenario 1

You are called to the room of Gregory, a 12 year old boy with developmental delay and autism, by his mother. She is worried because he is “starting to look worse” than a few hours ago and hasn’t urinated since admission.

History of Present Illness

Came to the ED with “trouble breathing” that got him sent home early from school.
Tactile fever last night, but felt/looked ‘ok’ this morning per Mom so got on the bus.
No home medications or allergies.

ED Course

No IV as PO intake reportedly ‘close to normal’ at home
Labs sent, given Tylenol for 38.9°C orally
Rapid screen for influenza A was *positive*
Needed O₂ by facemask intermittently so admitted to monitor respiratory status

Current Vital Signs

Temperature: 39.1°C (Axillary) Heart Rate: 155 Blood Pressure: 122/94 SpO₂: 94% (Room Air) Respiratory rate: 32

Physical Exam

Appears agitated, making groaning sounds that Mom says are a little worse than baseline
Breathing quickly, appears labored with use of accessory muscles
Pulses thready, 1+ in right/left wrists, capillary refill 6 seconds

Labs

WBC count of 19.2, 80% lymphocytes
Sodium 145, K 5.4, Cl 100, HCO₃ 16, BUN 20, SCR 0.8, glucose 80

What does this patient have? SIRS (high HR and fever) + viral infection = **SEPSIS**

SEPSIS + cardiovascular dysfunction (poor UOP and delayed CR) + depressed mental status = **SEVERE SEPSIS**

Interventions: Start the SEVERE SEPSIS PROTOCOL:

UB|MD PEDIATRICS Women and Children’s Hospital of Buffalo
Pediatric Severe Sepsis Protocol Women & Children’s Hospital of Buffalo
A Kaleida Health Facility

Minutes	Goals for time 0-15 min (check off the box as completed):	Performed by:
0 to 15	<input type="checkbox"/> Cardiac monitor attached	ALL
	<input type="checkbox"/> Supplemental oxygen started via facemask at 100%	ALL
	<input type="checkbox"/> Start sepsis order set	RN, RRT
	<input type="checkbox"/> Peripheral intravenous (PIV) line started and draw labs	RRT, MD, RN
	<input type="checkbox"/> Place Intraosseous (IO) line if no PIV after 3 attempts or 10 minutes	MD
	<input type="checkbox"/> STAT labs: blood culture, CBC with differential, VBG, glucose, electrolytes, lactate, iStat	RN, RRT
	<input type="checkbox"/> Administer 1 st 20cc/kg NS or LR IV/IO bolus via push/pull over 10 min	RN

Recheck vitals and perfusion

STOP

If still abnormal or patient ill appearing, continue protocol	If vitals normalized and patient well appearing, discontinue protocol.
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Key Learning Points

1. “Sepsis” just means ‘SIRS’ with an infection. It does not matter if that infection is **viral**, bacterial, or fungal!
2. Children with developmental problems can be hard to diagnose with sepsis. Some signs and symptoms (high heart rate, agitation) might be ‘normal for them’ sometimes. This just means we need to keep an even closer eye on these patients.
3. Trust your instincts! Almost everyone gets tachycardia and/or tachypnea when they have a fever. **Ask about mental status, urine output, mottling, and perfusion.** These should NOT change much at all with a simple fever.

SYSTEMATIC INFLAMMATORY RESPONSE SYNDROME (SIRS)	SEPSIS	SEVERE SEPSIS	SEPTIC SHOCK
↑ or ↓ WBC OR Bands >10% OR Temp <36, >38.5	Elevated HR OR Elevated RR	SIRS + ANY INFECTION	SEPSIS + Cardiovascular dysfunction OR Respiratory failure OR ≥2 organ failures†
+		↓	SEPSIS + Cardiovascular dysfunction* (*after adequate fluid resuscitation)

Systemic Inflammatory Response Syndrome (SIRS) criteria:				
Age group	HR	RR	WBC	SBP < 5 th %ile
0-7 days	>180 or <100	>50	>34	<60
8-30 days	>180 or <100	>40	<5 or >19.5	<65
31 days to <2 years	>180 or <90	>34	<5 or >17.5	<70
2 to <6 years	>140	>22	<6 or >15.5	<75
6 to <13 years	>130	>18	<4.5 or >13.5	<85
>13 years	>110	>14	<4.5 or >11	<90

Goldstein et al. CCM 2005;6(1):2-6.

Organ Failure Criteria†						
This organ is affected if <u>any</u> of the following occur:						
Cardiovascular	SBP < 5 th %ile for age	OR 2 or more of the following:	Base Deficit > -5 mEq/L	Lactate > 4mmol/L	Urine <0.5ml/kg/hr	Capillary refill > 5 sec
Respiratory	Needing CPAP or BIPAP or invasive mechanical vent		OR FiO2>50% to keep SpO2>92%	OR PaCO2>65 mmHg OR PvCO2 > 70	OR PaO2:FiO2 ratio ≤300	
Kidney	SCr > 2 times normal for age			OR SCr > 2 times higher than baseline		
Liver	Tbili > 4mg/dL			OR ALT > 2 times higher than normal for age		
Hematologic	Platelets < 80x 10 ³ /mCL			OR INR > 2		
Neurologic	GCS ≤ 11 without sedation			OR Decrease in mental status from baseline		

Age	Excessive tachycardia when at each body temperature								SBP 5%ILE FOR AGE
	37.8	38.3	38.9	39.4	40	40.6	41.1	41.7	
< 2 years *	>180	>185	>190	>195	>200	>205	>210	>215	<30 days: 60 1mo- 2y: 70
2 - 5 years	>140	145	150	155	160	165	170	175	75
6 - 12 years	>130	135	140	145	150	155	160	165	85
13 - 18 years	>110	115	120	125	130	135	140	145	90
*Also qualify if bradycardic:		< 1 month: HR <100				1 - 23 months: HR < 90			