

NECTAR MANAGEMENT OF SEPTIC SHOCK GUIDELINE



**0-15
Minutes**

RECOGNISE SEPSIS/SEPTIC SHOCK—activate Sepsis 6

- Give 100% Oxygen
 - Monitoring:** SpO2/ ECG/ BP - 3min cycles
 - Call for Senior help
 - URGENT IV/IO access - obtain blood for:
 - Culture/FBC/U&E/LFTs
 - Blood gas /lactate/glucose
 - Coagulation/cross match
 - Give 10mls/kg 0.9% saline bolus - push
 - Give IV antibiotics (within 1 hour)
 - IV Cefotaxime (> 1month of age)
 - Cefotaxime + Amoxil +/- Acyclovir (<1month of age)
 - BM <3mmol – Give 2mls/kg 10%Dex & recheck
- REASSESS** (prolonged CRT/tachycardia/hypotension)- Give 2nd 10mls/kg bolus - push

**15-30
Minutes**

Poor respiratory effort

- Start bag & mask ventilation (+/- oral airway)
- Call for **urgent** Anaesthetic/ICU help

- Get 2nd IV/IO access
- REASSESS** (prolonged CRT/tachycardia/hypotension)
- SHOCK** – Give 3rd 10mls/kg over 5-10min
- Start preparing Adrenaline infusion (IV – periph strength IO - central strength) ([NECTAR drug calculator](#))

**Call NECTAR
early
01912826699**

**30-60
Minutes**

PREPARE TO INTUBATE/VENTILATE ([NECTAR intubation checklist](#))

- MOST EXPERIENCED OPERATOR
- Cuffed oral ET tube
- Risk of CARDIAC ARREST**
- Ketamine/Roc induction – to avoid myocardial depression/vasodilatation
- Resuscitation drugs on standby
- Consider Adrenaline infusion running at 0.05mcg/kg/min
- 10ml/kg volume bolus ready

- ## SHOCK
- Give 4th 10mls/kg over 5-10min
 - REASSESS** (prolonged CRT/tachycardia/hypotension)
 - SHOCK** – START Adrenaline 0.1mcg/kg/min (IV = periph strength/IO = central strength)
 - Start adrenaline earlier if signs of fluid overload (pulmonary oedema, new or worsening hepatomegaly)
- BE PREPARED TO INTUBATE/VENTILATE**

**>60
Minutes**

FURTHER MANAGEMENT

- [NECTAR ventilated patient checklist](#)
- Central venous catheter (if local expertise)
- Arterial line insertion
- Foley's catheter – strict input/output

AIM

- Ionised Ca⁺² >1mmol/L
- Vit K if prolonged PT

DISCUSS WITH NECTAR

- Additional vasopressors
- IV hydrocortisone
- Persistent severe acidosis - pH <7.2
- PRBCs if HB < 100, Plt (<50), FFP transfusions (unstable patients)