Treatment of Septic Shock in Children in the Emergency Department

Clinical Criteria	Antibiotics
Neonate (otherwise healthy <28 days old)	ampicillin + gentamicin + acyclovir +/- cefotaxime^ -- ^consider addition of cefotaxime if CNS infection
Infection source unknown and/or non-specific	ceftriaxone** + vancomycin --Severe β-lactam allergy*: Levofloxacin + Vancomycin.
Febrile Neutropenia (ANC<500)	cefepime^ + vancomycin + tobramycin -- Severe β-lactam allergy*: levofloxacin + vancomycin + tobramycin ^consider meropenem in place of cefepime if know history of ESBL pathogen
Presence of Central Line	ceftriaxone** + vancomycin -- Severe β-lactam allergy*: levofloxacin + vancomycin
Suspected or known UTI/Pyelonephritis	ceftriaxone^ +/- gentamicin ^consider meropenem if know history of ESBL organism -- Severe β-lactam allergy*: levofloxacin + tobramycin
Skin/Soft Tissue, Joint or Bone (otherwise healthy)	vancomycin + clindamycin -- Severe β-lactam allergy*: same
Intra-abdominal	piperacillin/tazobactam# --Add vancomycin if concern for abdominal wound infection -- Severe β-lactam allergy*: levofloxacin + metronidazole
Pneumonia, Community Acquired (> 3months old)	ceftriaxone + vancomycin -- Severe β-lactam allergy*: levofloxacin + vancomycin --Sickle Cell Disease: ceftriaxone + azithromycin
Pneumonia, Hospital-acquired or Risk for Pseudomonas (e.g. tracheostomy-dependent, bronchiectasis)	cefepime + vancomycin -- Severe β-lactam allergy*: levofloxacin + vancomycin

* Severe β-lactam allergy = anaphylaxis, hives, or angioedema
** Cefotaxime if less than 2 months of age
# No ID authorization required when used for treatment of septic shock from an intra-abdominal source