# Pediatric Guidelines: Severe Sepsis - Previously Healthy Infant or Child

*These guidelines are intended for patients who meet criteria for severe sepsis i.e. probable or documented infection with systemic inflammatory response criteria and specific evidence of hypo-perfusion or organ dysfunction not explained by an alternative process; these guidelines are not intended for "rule out" scenarios in clinically stable patients.*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Major Pathogens</th>
<th>First Choice Therapy</th>
<th>Alternative Therapy</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Severe sepsis, &lt; 28 days old, community-onset, previously healthy (admitted from home)</td>
<td>Enteric Gram negatives</td>
<td>Cefotaxime AND Ampicillin</td>
<td>REPLACE Ampicillin with Vancomycin if suspected skin, soft tissue, bone or joint source</td>
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<td></td>
<td>Group B streptococcus</td>
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<td>ID consult recommended</td>
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<td>Less Common:</td>
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<td>Refer to Fever Without a Source [3] section if patient is well-appearing without severe sepsis.</td>
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<td><em>Staphylococcus aureus</em></td>
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<td><em>Listeria monocytogenes</em></td>
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<td>Herpes simplex virus</td>
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</table>
Severe sepsis, > 28 days old, community-onset, no preexisting comorbidities or recent healthcare exposure

**Staphylococcus aureus**
*Streptococcus pneumoniae*
*Group A streptococcus*
*Neisseria meningitidis*
*Enteric Gram negatives*

Ceftriaxone 50mg/kg/dose IV q24h (max 2g/dose)

**Severe beta lactam allergy**[4]:

Aztreonam 30mg/kg/dose IV q8h (max 2g/dose) in place of Ceftriaxone

**AND**

Vancomycin 15mg/kg/dose IV q6-8h (initial max 1g/dose)

**ID consult recommended**

ADD Metronidazole 10mg/kg/dose IV q8h (max 500mg/dose) for suspected intra-abdominal infection

**Corrected gestational age < 44 weeks:**

Cefotaxime per Neonatal Dosing Guideline[2]

Refer to Meningitis[5] section if meningitis is suspected

These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to Pediatric Antimicrobial Dosing Guideline[4] for further guidance on dosing in children, and Neonatal Dosing Guideline[2] for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).