

Surviving Sepsis Campaign®

SURVIVING SEPSIS CAMPAIGN INTERNATIONAL GUIDELINES FOR THE MANAGEMENT OF SEPTIC SHOCK AND SEPSIS-ASSOCIATED ORGAN DYSFUNCTION IN CHILDREN

NUTRITION RECOMMENDATIONS TABLE

RECOMMENDATION #51	STRENGTH & QUALITY OF EVIDENCE
<p>We were unable to issue a recommendation regarding early hypocaloric/trophic enteral feeding followed by slow increase to full enteral feeding versus early full enteral feeding in children with septic shock or sepsis-associated organ dysfunction without contraindications to enteral feeding. However, in our practice, there is a preference to commence early enteral nutrition within 48 hours of admission in children with septic shock or sepsis-associated organ dysfunction who have no contraindications to enteral nutrition and to increase enteral nutrition in a stepwise fashion until nutritional goals are met.</p>	Insufficient
RECOMMENDATION #52	STRENGTH & QUALITY OF EVIDENCE
<p>We suggest not withholding enteral feeding solely on the basis of vasoactive-inotropic medication administration.</p> <p>Remarks: Enteral feeding is not contraindicated in children with septic shock after adequate hemodynamic resuscitation who no longer require escalating doses of vasoactive agents or in whom weaning of vasoactive agents has started.</p>	<ul style="list-style-type: none">• Weak• Low-Quality of Evidence

RECOMMENDATION #53**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest** enteral nutrition as the preferred method of feeding and that parenteral nutrition may be withheld in the first 7 days of PICU admission in children with septic shock or other sepsis-associated organ dysfunction.

- Weak
- Moderate-Quality of Evidence

RECOMMENDATION #54**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest against** supplementation with specialized lipid emulsions in children with septic shock or other sepsis-associated organ dysfunction.

- Weak
- Very Low-Quality of Evidence

RECOMMENDATION #55**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest against** the routine measurements of gastric residual volumes (GRVs) in children with septic shock or other sepsis-associated organ dysfunction.

- Weak
- Low-Quality of Evidence

RECOMMENDATION #56**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest** administering enteral feeds through a gastric tube, rather than a postpyloric feeding tube, to children with septic shock or other sepsis-associated organ dysfunction who have no contraindications to enteral feeding.

- Weak
- Low-Quality of Evidence

RECOMMENDATION #57**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest against** the routine use of prokinetic agents for the treatment of feeding intolerance in children with septic shock or other sepsis-associated organ dysfunction.

- Weak
- Low-Quality of Evidence

RECOMMENDATION #58**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest against** the use of selenium in children with septic shock or other sepsis-associated organ dysfunction.

- Weak
- Low-Quality of Evidence

RECOMMENDATION #59	STRENGTH & QUALITY OF EVIDENCE
We suggest against the use of glutamine supplementation in children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #60	STRENGTH & QUALITY OF EVIDENCE
We suggest against the use of arginine in the treatment of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #61	STRENGTH & QUALITY OF EVIDENCE
We suggest against using zinc supplementation in children with septic shock and other sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #62	STRENGTH & QUALITY OF EVIDENCE
We suggest against the use of ascorbic acid (vitamin C) in the treatment of children with septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #63	STRENGTH & QUALITY OF EVIDENCE
We suggest against the use of thiamine to treat children with sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Low-Quality of Evidence
RECOMMENDATION #64	STRENGTH & QUALITY OF EVIDENCE
We suggest against the acute repletion of vitamin D deficiency (VDD) for treatment of septic shock or other sepsis-associated organ dysfunction.	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence



