

Surviving Sepsis Campaign®

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

ANTIMICROBIAL THERAPY RECOMMENDATIONS TABLE

RECOMMENDATION #5	STRENGTH & QUALITY OF EVIDENCE
In children with septic shock, we <i>recommend</i> starting antimicrobial therapy as soon as possible, within one (1) hour of recognition.	<ul style="list-style-type: none"> • Strong • Very Low-Quality of Evidence
RECOMMENDATION #6	STRENGTH & QUALITY OF EVIDENCE
In children with sepsis-associated organ dysfunction but without shock, we <i>suggest</i> starting antimicrobial therapy as soon as possible after appropriate evaluation, within three (3) hours of recognition.	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #7	STRENGTH & QUALITY OF EVIDENCE
We <i>recommend</i> empiric broad-spectrum therapy with one or more antimicrobials to cover all likely pathogens.	Best Practice Statement
RECOMMENDATION #8	STRENGTH & QUALITY OF EVIDENCE
Once the pathogen(s) and sensitivities are available, we <i>recommend</i> narrowing empiric antimicrobial therapy coverage.	Best Practice Statement

RECOMMENDATION #9	STRENGTH & QUALITY OF EVIDENCE
<p>If no pathogen is identified, we recommend narrowing or stopping empiric antimicrobial therapy according to clinical presentation, site of infection, host risk factors, and adequacy of clinical improvement in discussion with infectious disease and/or microbiological expert advice.</p>	<p>Best Practice Statement</p>
RECOMMENDATION #10	STRENGTH & QUALITY OF EVIDENCE
<p>In children without immune compromise and without high risk for multidrug-resistant pathogens, we suggest against the routine use of empiric multiple antimicrobials directed against the same pathogen for the purpose of synergy. Remarks: In certain situations, such as confirmed or strongly suspected group B streptococcal sepsis, use of empiric multiple antimicrobials directed against the same pathogen for the purpose of synergy may be indicated.</p>	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #11	STRENGTH & QUALITY OF EVIDENCE
<p>In children with immune compromise and/or at high risk for multidrug-resistant pathogens, we suggest using empiric multi-drug therapy when septic shock or other sepsis-associated organ dysfunction is present/suspected.</p>	<ul style="list-style-type: none"> • Weak • Very Low-Quality of Evidence
RECOMMENDATION #12	STRENGTH & QUALITY OF EVIDENCE
<p>We recommend using antimicrobial dosing strategies that have been optimized based on published pharmacokinetic/pharmacodynamic principles and with consideration of specific drug properties.</p>	<p>Best Practice Statement</p>

RECOMMENDATION #13**STRENGTH &
QUALITY OF EVIDENCE**

In children with septic shock or sepsis-associated organ dysfunction who are receiving antimicrobials, we **recommend** daily assessment (e.g., clinical, laboratory assessment) for de-escalation of antimicrobial therapy. **Remarks:** This assessment should include a review of the ongoing indication for empiric antimicrobial therapy after the first 48 hours that is guided by microbiologic results and in response to clinical improvement and/or evidence of infection resolution. This recommendation applies to patients being treated with empiric, targeted, and combination therapy.

Best Practice
Statement

RECOMMENDATION #14**STRENGTH &
QUALITY OF EVIDENCE**

We **recommend** determining the duration of antimicrobial therapy according to the site of infection, microbial etiology, response to treatment, and ability to achieve source control.

Best Practice
Statement