

# Surviving Sepsis Campaign®

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

### HEMODYNAMIC MONITORING RECOMMENDATIONS TABLE

RECOMMENDATION #24	STRENGTH & QUALITY OF EVIDENCE
We were <i>unable to issue a recommendation</i> about whether to target mean arterial blood pressure (MAP) at the 5th or 50th percentile for age in children with septic shock and other sepsis-associated organ dysfunction. However, <i>in our practice</i> , we target MAP to between the 5th and 50th percentile or greater than 50th percentile for age.	Insufficient  In Our Practice
RECOMMENDATION #25	STRENGTH & QUALITY OF EVIDENCE
We <i>suggest not using</i> bedside clinical signs in isolation to categorize septic shock in children as “warm” or “cold”.	<ul style="list-style-type: none"> <li>• Weak</li> <li>• Very Low-Quality of Evidence</li> </ul>
RECOMMENDATION #26	STRENGTH & QUALITY OF EVIDENCE
We <i>suggest</i> using advanced hemodynamic variables, when available, in addition to bedside clinical variables to guide the resuscitation of children with septic shock or other sepsis-associated organ dysfunction. <b>Remarks:</b> Advanced hemodynamic monitoring may include cardiac output/cardiac index, systemic vascular resistance, or central venous oxygen saturation (Scvo2 ).	<ul style="list-style-type: none"> <li>• Weak</li> <li>• Low-Quality of Evidence</li> </ul>

## RECOMMENDATION #27

## STRENGTH & QUALITY OF EVIDENCE

We **suggest** using trends in blood lactate levels, in addition to clinical assessment, to guide resuscitation of children with septic shock and other sepsis-associated organ dysfunction.

**Remarks:** In children with an elevated blood lactate, repeat testing that reveals a persistent elevation in blood lactate may indicate incomplete hemodynamic resuscitation and should prompt efforts, as needed, to further promote hemodynamic stability.

- Weak
- Very Low-Quality of Evidence