

Surviving Sepsis Campaign®

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

PLASMA EXCHANGE, RENAL REPLACEMENT AND EXTRACORPOREAL SUPPORT RECOMMENDATIONS TABLE

RECOMMENDATION #69	STRENGTH & QUALITY OF EVIDENCE
We suggest against using plasma exchange (PLEX) in children with septic shock or other sepsis-associated organ dysfunction without thrombocytopenia-associated multiple organ failure (TAMOF).	<ul style="list-style-type: none">• Weak• Very Low-Quality of Evidence
RECOMMENDATION #70	STRENGTH & QUALITY OF EVIDENCE
We cannot suggest for or against the use of PLEX in children with septic shock or other sepsis-associated organ dysfunction with TAMOF.	Insufficient
RECOMMENDATION #71	STRENGTH & QUALITY OF EVIDENCE
We suggest using renal replacement therapy to prevent or treat fluid overload in children with septic shock or other sepsis-associated organ dysfunction who are unresponsive to fluid restriction and diuretic therapy.	<ul style="list-style-type: none">• Weak• Very Low-Quality of Evidence

RECOMMENDATION #72**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest against** high-volume hemofiltration (HVHF) over standard hemofiltration in children with septic shock or other sepsis-associated organ dysfunction who are treated with renal replacement therapy.

- Weak
- Low-Quality of Evidence

RECOMMENDATION #73**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest** using venovenous ECMO in children with sepsis-induced PARDS and refractory hypoxia.

- Weak
- Very Low-Quality of Evidence

RECOMMENDATION #74**STRENGTH &
QUALITY OF EVIDENCE**

We **suggest** using venoarterial ECMO as a rescue therapy in children with septic shock only if refractory to all other treatments.

- Weak
- Very Low-Quality of Evidence