

# Surviving Sepsis Campaign®

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

### SOURCE CONTROL RECOMMENDATIONS TABLE

RECOMMENDATION #15	STRENGTH & QUALITY OF EVIDENCE
We <b>recommend</b> that emergent source control intervention be implemented as soon possible after a diagnosis of an infection amenable to a source control procedure is made. <b>Remarks:</b> Appropriate diagnostic testing to identify the site of infection and microbial etiology should be performed, and advice from specialist teams (e.g., infectious diseases, surgery) should be sought, as appropriate, in order to prioritize interventions needed to achieve source control.	Best Practice Statement
RECOMMENDATION #16	STRENGTH & QUALITY OF EVIDENCE
We <b>recommend</b> removal of intravascular access devices that are confirmed to be the source of sepsis or septic shock after other vascular access has been established and depending on the pathogen and the risks/benefits of a surgical procedure.	<ul style="list-style-type: none"><li>• Strong</li><li>• Low-Quality of Evidence</li></ul>