

# Surviving Sepsis Campaign®

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

### VASOACTIVE MEDICATIONS RECOMMENDATIONS TABLE

RECOMMENDATION #28	STRENGTH & QUALITY OF EVIDENCE
We <b>suggest</b> using epinephrine, rather than dopamine, in children with septic shock.	<ul style="list-style-type: none"><li>• Weak</li><li>• Low-Quality of Evidence</li></ul>
RECOMMENDATION #29	STRENGTH & QUALITY OF EVIDENCE
We <b>suggest</b> using norepinephrine, rather than dopamine, in children with septic shock.	<ul style="list-style-type: none"><li>• Weak</li><li>• Very Low-Quality of Evidence</li></ul>
RECOMMENDATION #30	STRENGTH & QUALITY OF EVIDENCE
We were <b>unable to issue a recommendation</b> for a specific first-line vasoactive infusion for children with septic shock. However, in our practice, we select either epinephrine or norepinephrine as the first-line vasoactive infusion guided by clinician preference, individual patient physiology, and local system factors.	Insufficient
RECOMMENDATION #31	STRENGTH & QUALITY OF EVIDENCE
We were <b>unable to issue a recommendation</b> about initiating vasoactive agents through peripheral access in children with septic shock. However, in our practice, we often or sometimes administer a dilute concentration of the initial vasoactive medication through a peripheral vein if central venous access is not readily accessible.	Insufficient

### RECOMMENDATION #32

### STRENGTH & QUALITY OF EVIDENCE

We **suggest** either adding vasopressin or further titrating catecholamines in children with septic shock who require high-dose catecholamines. **Remarks:** No consensus was achieved on the optimal threshold for initiating vasopressin. Therefore, this decision should be made according to individual clinician preference.

- Weak
- Low-Quality of Evidence

### RECOMMENDATION #33

### STRENGTH & QUALITY OF EVIDENCE

We were unable to issue a recommendation about adding an inodilator in children with septic shock and cardiac dysfunction despite other vasoactive agents. However, in our practice, we sometimes use inodilators in children with septic shock and evidence of persistent hypoperfusion and cardiac dysfunction despite other vasoactive agents.

Insufficient