





ANTIBIOTIC ADMINISTRATION FOR SEPSIS

When infusing multiple antibiotics, administer in the following order

Use the antibiotics **readily available** in the pyxis first

Use the antibiotic with the **shortest administration time** before others

Give ALL Medications in Group *Unless otherwise specified*

	Medication	Dose All x1 in ED	Max Dose
Healthy Kids ≥ 29 days of age	CefTRIAxone*	75mg/kg IV	2000mg
	Vancomycin	20mg/kg IV	1250mg
•If suspect toxic shock, ADD	Clindamycin	13mg /kg IV	900mg
•If suspect Rocky Mountain Spotted Fever or tick borne disease, ADD	Doxycycline	2.2mg/kg IV	100mg
•If high suspicion for Staph aureus, ADD	Nafcillin <i>Can be given in PICU</i>	50mg/kg IV	2000mg
•If suspect abdominal pathogen and/or anaerobes, ADD	MetroNIDAZOLE (Flagyl)	10mg/kg IV	500mg
If prior history of ESBL (Extended-Spectrum-Beta-Lactamase Resistant Organisms)	Meropenem	20mg/kg IV	1000mg
Oncology, including BMT	Meropenem	20mg/kg IV	1000mg
	Vancomycin	20mg/kg IV	1250mg
Significant Chronic Medical Conditions: •Sickle Cell Disease •Immunocompromised (excluding Oncology) •Immunosuppressive Meds •Recent Hospitalization (>4 days within 2 months) •Central Line	Cefepime	50mg/kg IV	2000mg
	Vancomycin	20mg/kg IV	1250mg
Neonate ≥ 2kg	Ampicillin	100mg/kg IV	N/A
	CefTAZidime	50mg/kg IV	N/A
•If risk factors for Herpes Simplex Virus are present ADD Risk factors: •Maternal history of herpes •Patient presents with seizures •Suspicious skin lesions, including any scalp lesions •Elevated ALT (>50)	Acyclovir	20mg/kg IV	N/A
•If high suspicion for Staph aureus, ADD	Vancomycin	20mg/kg IV	N/A

* If allergic to PCN or Cephalosporins use Meropenem at 20mg/kg; Max dose of 1000mg