

Control Infection Source

History and physical, infection source control

Review of detailed H&P findings, imaging studies, and **laboratory data** may identify an infectious source. Prompt involvement of appropriate consultants for urgent definitive therapy (drainage, debridement, surgical intervention) may be warranted. Adjust **antibiotic therapy** based on identification of suspected infectious source.

Detailed H&P to identify potential source of infection

- HPI**
- Presence of headache, neck pain or stiffness
 - Change in behavior, mental status
 - Cough, rhinorrhea, shortness of breath, sore throat, facial pain
 - Abdominal pain (location and quality), vomiting (bilious?), diarrhea
 - Dysuria, frequency, urgency, back pain
 - Vaginal discharge, recent sexual activity, LMP, use of tampons if adolescent female
 - Joint pain, myalgias, joint swelling or redness
 - Rash
 - Recent wounds, insect bites, breaks in skin integrity
 - Ill contacts, recent immunizations
 - Current or recent antibiotic use
 - Recent travel
 - History of IV drug use

PMH

- Chronic illness
- Immunodeficiency, immunosuppression, recent steroid use
- Central line
- Any indwelling hardware (surgical rods/pins, PD catheter, VP shunt, etc.)
- Past surgical history, recent surgery
- Birth history
- Immunization history
- History of UTI, neurogenic bladder
- History of frequent pneumonia, sinusitis, prior cellulitis
- History of drug resistant organisms (MRSA, VRE), review of prior cultures

**Full PE
(Attention to
listed
elements)**

- Rash, other skin findings (surgical wounds, decubitus ulcer, ostomy sites)
- HEENT exam including oropharynx, meningeal signs
- Focal neurologic symptoms
- Respiratory distress, lung exam findings consistent with pneumonia or empyema
- Abdominal distension, rigid abdomen, rebound tenderness, fluid wave
- Joint and extremity exam, signs of fasciitis, myositis, compartment syndrome
- Pelvic exam in adolescent female

Imaging studies and procedures to identify potential source of infection

The following studies may be indicated based upon H&P findings:

- Head CT, sinus CT
- Lumbar puncture
- Chest X-ray, chest CT scan, pleural ultrasound
- Echocardiogram, vascular ultrasound (to identify endocarditis or Lemierre's)
- Abdominal ultrasound, abdominal CT
- Joint ultrasound

Retrieved from: <http://www.chop.edu/clinical-pathway/icu-clinical-pathway-infants-28-days-and-children-severe-sepsis-septic-shock-history>

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.

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