

Cold Shock: Low BP(1)

WARM SHOCK	COLD SHOCK – LOW BP	COLD SHOCK – NORMAL BP
Titrate NOREPINEPHRINE starting dose: 0.05 mcg/kg/min Second line: Add epinephrine, or vasopressin	Titrate EPINEPHRINE starting dose: 0.05 mcg/kg/min Second line: Add norepinephrine, or dobutamine	If in shock (i.e., ScvO ₂ < 70%), titrate EPINEPHRINE starting dose: 0.03 mcg/kg/min Consider: Dobutamine starting dose: 5mcg/kg/min or Milrinone starting dose: 0.3mcg/kg/min, no loading dose (<i>Caution:</i> Milrinone may cause hypotension)

Arterial line, CVL, Foley should be placed for patients on vasoactive infusion for > 1 hour, if not already in place.

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

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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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