

INFORMATION CIRCULAR

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Subject: GUIDELINES FOR GENERAL PRACTITIONER MANAGEMENT OF SEPTICAEMIC CHILDREN

Certain micro-organisms, particularly *Streptococcus pneumoniae* and *Neisseria meningitidis*, can be rapidly fatal unless appropriate treatment is instituted early in the illness. Typical clinical signs in children suggestive of septicaemia are a depressed conscious state, shock and hypotension, cold cyanosed peripheries, weak thready pulse, shallow respiration, and a petechial or purpuric rash.

A suggested management plan in WA for such children is:

1. Consultation with Princess Margaret Hospital. Staff from the Emergency Department or ICU are available 24 hours per day to advise on acute management. Although treatment includes antibiotics, there are other manoeuvres which can considerably improve outcome (for example fluid resuscitation, glucose, etc). Such intervention stabilises the septicaemic patient for transport.
2. Where the patient is in close proximity to the hospital (i.e., within 30 minutes travelling time), Benzyl Penicillin, 60mg/kg should be given parenterally (either IV, IM or intra-osseous) before transfer. Where transport is likely to be prolonged, a third generation cephalosporin such as cefotaxime or ceftriaxone, 50mg/kg, should be added. Third generation cephalosporins should be available from regional and district hospitals.

Please bring this to the attention of all Medical Officers.

Peter J Brennan
COMMISSIONER OF HEALTH