

Sepsis in Children (Normal Host) Case Approach

Pagakrong Lumbiganon

Causative agents of sepsis in children

- Age group
- Host immune status
 - No previous illness
 - **First episode of some underlying disease**
- Associated symptoms and signs
- Geographic area or travel history
 - eg NE Thailand,
- Community or hospital acquired

Case admitted on Jan 2013

A 3month-old boy, previously healthy

- fever tachypnea,
- Pneumonia, treated with ceftriaxone.....
- Ceftazidime.....meropenem + azithromycin+
Oseltamivir.... Not improve.....
- Lungs increase infiltration, hypoxemia.....

Treat PCP + Steroid.....improve.....

HIV +

Sepsis (community –acquired) in previously healthy children > 2 months of age

อวัยวะที่น่าจะมี การติดเชื้อ	เชื้อก่อโรค	ยาต้านจุลชีพที่ควรใช้เบื้องต้น
ไม่มีอาการ ที่ระบบใด ชัดเจน	<i>S. aureus</i> <i>S. pneumoniae</i> <i>H. influenzae</i>	Cefotaxime/ceftriaxone Cloxacillin <u>±</u> gentamicin
ปอด	<i>S. pneumoniae</i> <i>H. influenzae</i> <i>S. Aureus</i> <i>Mycoplasma, virus</i>	Cefotaxime Cloxacillin+ceftazidime (<i>B. pseudomallei</i>)
ผิวหนังและ เนื้อเยื่อ	<i>S. aureus</i> <i>S. pyogenes</i>	Cloxacillin combine with clindamycin in severe infection suspected toxin production

- **Group A streptococci (GABHS)**

- Extremely sensitive to β -lactam antibiotics, but invasive GABHS infections seem to respond less well to the penicillins alone
- Penicillin G 200,000 to 400,000 U/kg/day q4-6hrs
- Clindamycin as an adjunct has proved effective at doses of 25 to 40 mg/kg/day q6-8 hrs
- Clindamycin : inhibiting protein synthesis, thus suppressing bacterial toxin production and decreasing penicillin-binding protein synthesis.
- Clindamycin also has been shown to modulate the immune response.

Steer AC, Drugs;2012

Long SS, 2012