

Management Of Pediatric Septic Shock In The Emergency Department: An International Survey From Latin- America

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Introduction

**1st Research Project For
RIDEPLA (Red De Investigación
Y Desarrollo De La Emergencia
Pediátrica De Latinoamérica)**

Septic Shock Diagnosis

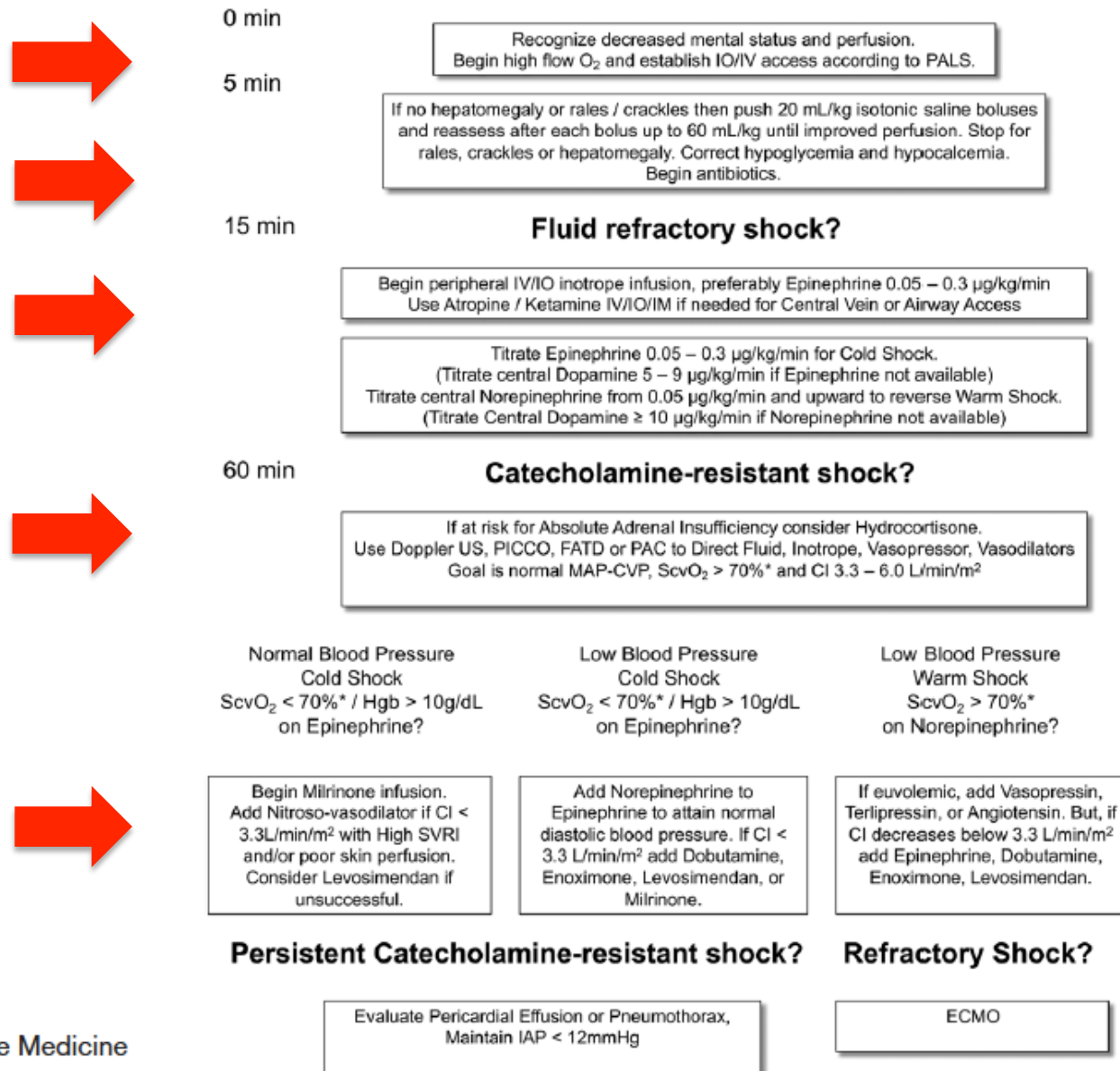
Signs of
inadequate
perfusion



Early Goal Directed Therapy



American College of Critical Care Medicine Clinical Practice Parameters for Hemodynamic Support of Pediatric and Neonatal Septic Shock



General Objective

- Analyze the way pediatric Septic Shock is managed in Latin-American Emergency Departments (ED) and the adherence to evidence based guidelines.

Methodology

- An anonymous electronic questionnaire on current practice related to management of pediatric septic shock was sent to ED providers from countries in LA.
- Statistical Analysis was performed with REDCap and SPSS.
- Recomendaciones basadas en la evidencia:
ACCM.

Countries in LA



Results

Surveys Sent
n = 2164



Answers
n = 900

Return rate
40%

Figure I. Countries Survey Collaboration

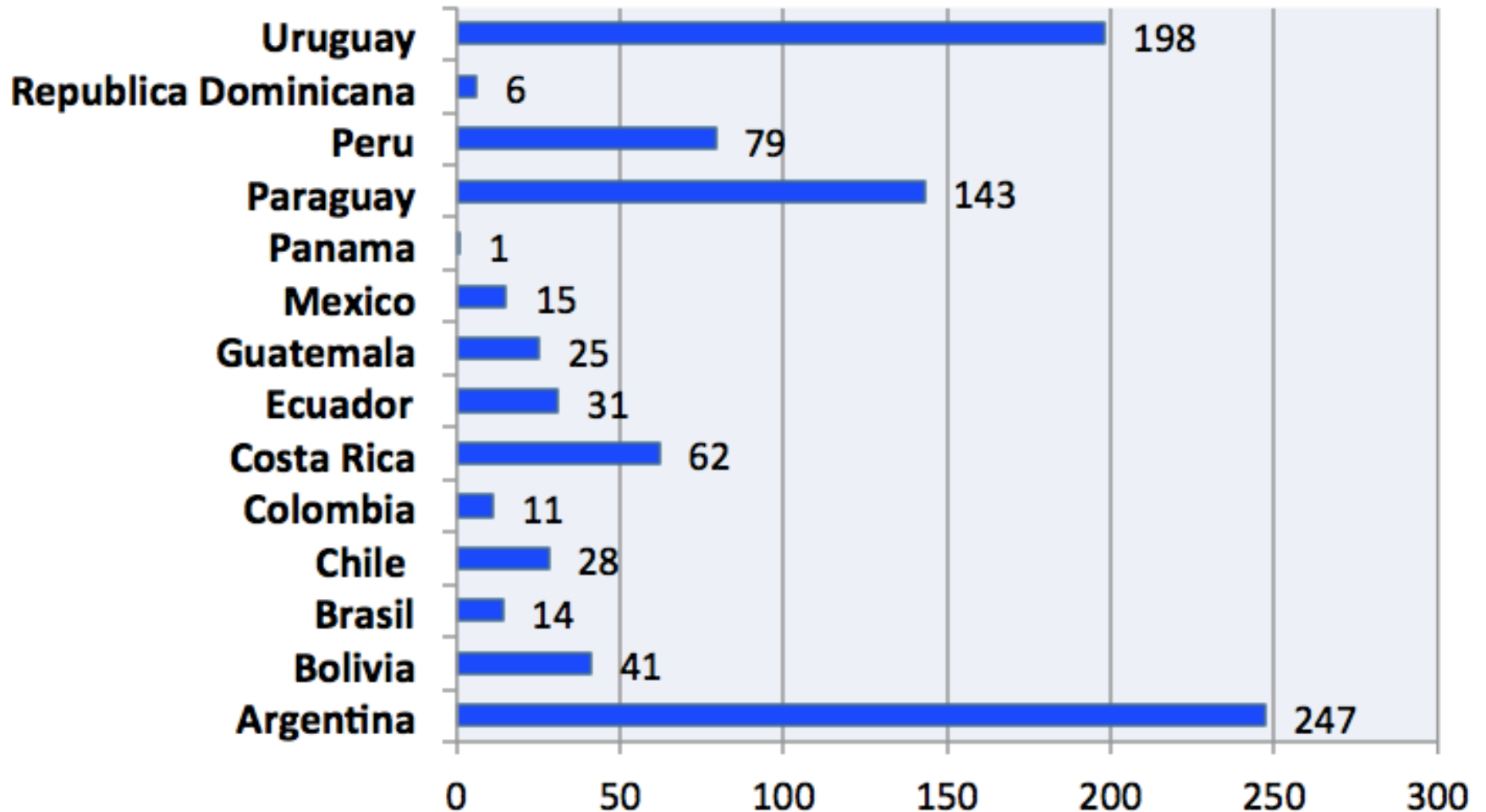


Table I. Physician who cares for patients with Septic Shock in the Emergency Departments

Type of Physician	Total 900 (100)
Pediatricians	532 (59.1%)
Pediatric Emergency Physician	206 (22.9%)
Pediatric Intensive Care Physician	125 (13.9%)
Adult Emergency Physician	11 (1,2%)
General Physician	20 (2.2%)
Others	6 (0.7%)

Characteristics of hospital where Physicians work

Level of hospital



4%
(31)

23%
(205)

73%
(638)

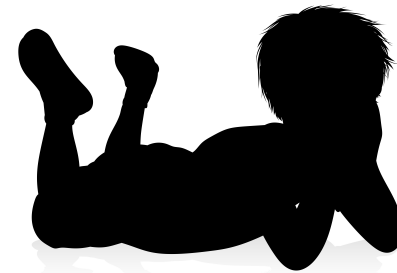
Type of hospital



1% (7)



39% (321)



67% (492)



**Emergency
Department**
96.9%



**Resuscitation
Area**
88.7%

**Hospital
Sepsis
Quality
Resources**



Triage
61.3%



PICU
79.1%

Figure 2. General ACCM Recommendations Adherence

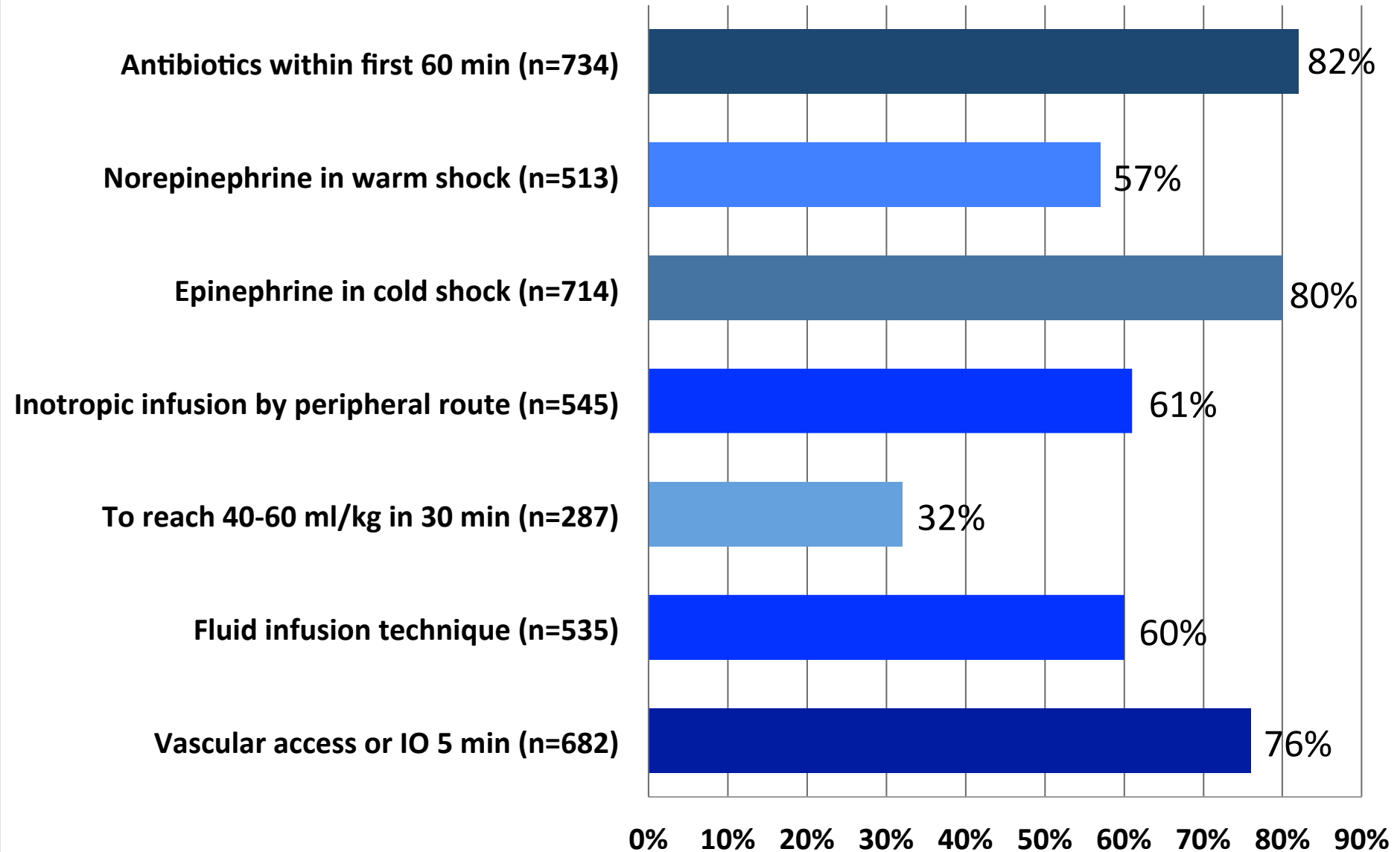
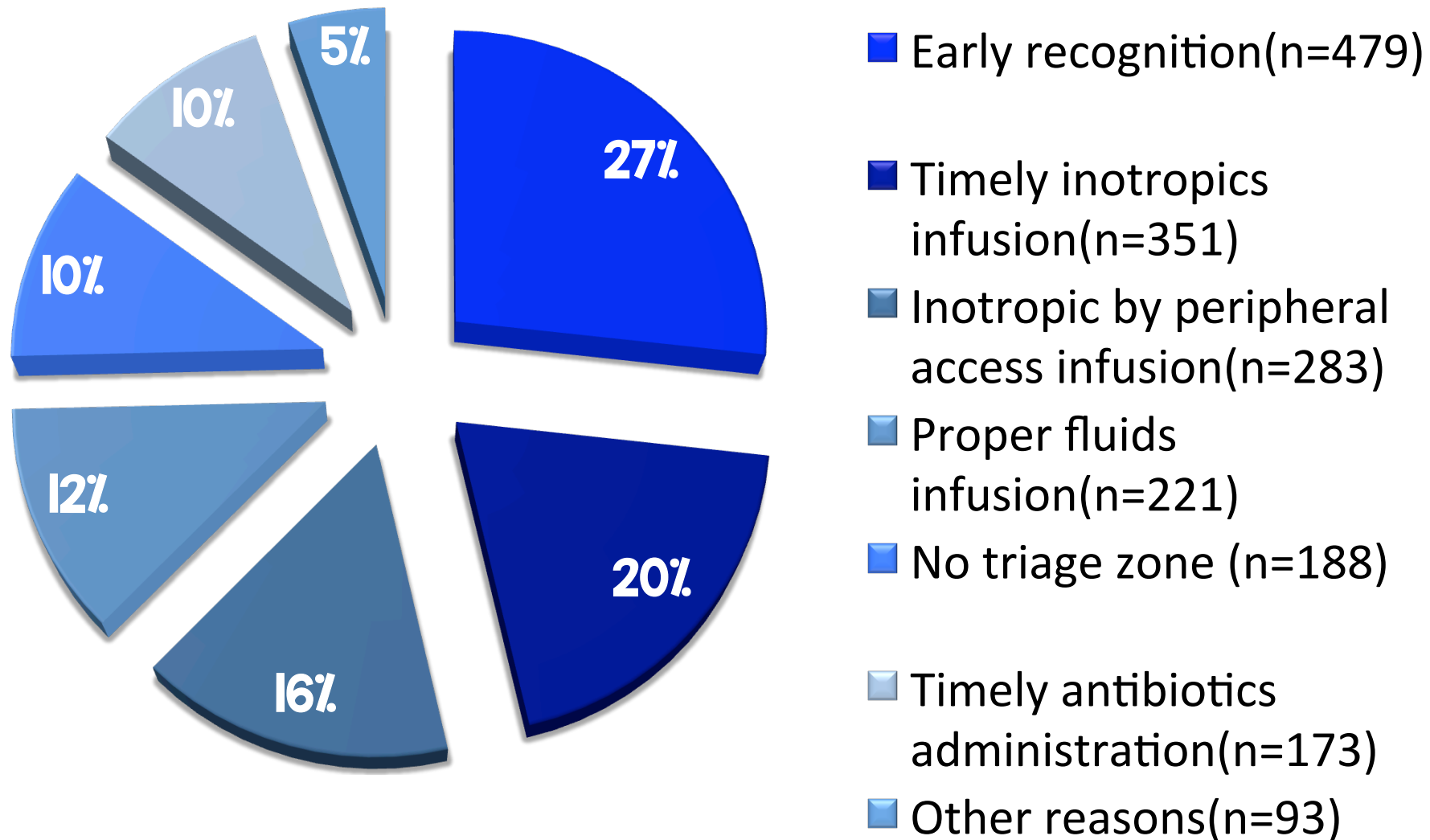


Table 2. Comparison of Management by type of physician

Management	<i>PEM Physician</i> n=202 (%)	Non PEM Physician n=696 (%)	P value
Vascular access <5 min	176 (87)	506 (73)	<0.01
Volume technique	146 (72)	389 (56)	<0.01
Fluid bolus 40-60 ml/Kg in 30 Minutes	84 (42)	203 (29)	<0.01
Inotropes via peripheral access	153 (76)	392 (56)	<0.01
Adrenaline for Cold SS	176 (87)	538 (77)	<0.01
Noradrenaline For Warm SS	137 (68)	376 (54)	<0.01
Antibiotics < 60 min	182 (90)	552 (79)	<0.01

Figure 3. Main Barriers in the Management of Septic Shock



Limitations

- Return rate was low
- Not all Latin American countries sent the survey
- The ones associated to surveys

Conclusions

- There is a great variability and lack of adherence to the evidence based guidelines in the management of pediatric SS in Latin-America.
- Identified barriers should be considered when designing the required actions to improve the adequate management of these children.
- There was a different between PEM physician and non PEM physician management in the adherence of guidelines

Thank you

