

Performance Measures

- Percentage of patients who have full vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment), temperature and O₂ saturation) documented
- Presence of a decision support tool (laminated card, a protocol, or electronic alert) to identify patients in shock
- Percentage of patients with suspected shock for whom advanced notification to the hospital was provided
- Mean time from abnormal vitals to initiation of a fluid bolus
- Percentage of patients who receive pressors for ongoing hypotension after receiving 30 mL/kg isotonic fluid in the setting of shock

References

1. Annane D, Bellissant E, Bollaert P, Briegel J, Keh, D, Kupfer Y. Corticosteroids for treating severe sepsis and septic shock. 2004. *Cochrane Database Syst Rev.* 2004;(1):CD002243
2. Band, RA, Gaieski DF, Hylton JH, Shofer FS, Goyal M, Meisel ZF. Arriving by emergency medical services improves time to treatment endpoints for patients with severe sepsis or septic shock. *Acad Emerg Med.* 2011;18(9):934–40
3. Bernardin G, Pradier C, Tiger F, Deloffre P, Mattei M. Blood pressure and arterial lactate level are early indicators of short-term survival in human septic shock. *Intensive Care Med.* 1996;22(1):17–25
4. Boluyt N, Bollen C, Bos A, Kok J, Offringa M. Fluid resuscitation in neonatal and pediatric hypovolemic shock: A Dutch Pediatric Society evidence-based clinical practice guideline. *Intensive Care Med.* 2006;32(7):995–1003
5. Brierley J, Carcillo JA, Choong K, et al. Clinical practice parameters for hemodynamic support of pediatric and neonatal patients in septic shock. *Crit Care Med.* 2009;37(2):666–8
6. Carcillo JA, Davis AL, Zaritsky A. Role of early fluid resuscitation in pediatric septic shock. *JAMA.* 1991;266(9):1242–5
7. Choong K, Bohn D, Fraser DD, et al. Vasopressin in pediatric vasodilatory shock: a multicenter randomized controlled trial. *Am J Respir Crit Care Med.* 2009;180(7):632–9
8. Chopra A, Kumar V, Dutta A. Hypertonic versus normal saline as initial fluid bolus in pediatric septic shock. *Indian J Pediatr.* 2011;78(7):833–7
9. Cronin L, Cook DJ, Carlet J, et al. Corticosteroid treatment for sepsis: a critical appraisal and meta-analysis of the literature. *Crit Care Med.* 1995;23(8):1430–9
10. Cruz AT, Perry AM, Williams EA, Graf JM, Wuestner ER, Patel B. Implementation of goal-directed therapy for children with suspected sepsis in the emergency department. *Pediatrics.* 2011;127(3): e758–66
11. De Backer D, Aldecoa C, Njimi H, Vincent J. Dopamine versus norepinephrine in the treatment of septic shock: a meta-analysis. *Crit Care Med.* 2011;13(6):1–6
12. De Backer D, Biston P, Devriendt J, et al. Comparison of dopamine and norepinephrine in the treatment of shock. *N Engl J Med.* 2010;362(9):779–89
13. Guyette F, Suffoletto B, Castillo JL, Quintero J, Callaway C, Puyana, JC. Prehospital serum lactate as a predictor of outcomes in trauma patients: a retrospective observational study. *J Trauma.* 2011;70(4):782–6
14. Guyette FX, Gomez H, Suffoletto B, et al. Prehospital dynamic tissue oxygen saturation response predicts in-hospital lifesaving interventions in trauma patients. *J Trauma Acute Care Surg.* 2012;72(4):930–5
15. Han YY, Carcillo JA, Dragotta MA, et al. Early reversal of pediatric-neonatal septic shock by

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111