**Supplemental Digital Content 3**

**Table. Time bound treatment protocol for children with severe sepsis**

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| **Action/ intervention** | **Expected time from event** | **Details/ dosage** | **Remarks**  |
| 1. identify signs of severe sepsis  | 10 minutes of arrival at pediatric casualty | Sepsis induced tissue hypoperfusion or organ dysfunction (acute lung injury, acute kidney injury, coagulopathy, increased bilirubin and/or thrombocytopenia) |   |
| 2. Vascular access | 5-10 minutes of identification of severe sepsis | If no access after 5 min then intraosseous access  |   |
| 3. Administration of first fluid bolus if hypotensive or hypoperfused | Within 10 minutes of establishing vascular access | 20 ml/kg over 20 minutes upto 3 boluses over 15-20 minutes | 10 ml/kg for cardiac conditions, BMT patients |
| 4. Antibiotics  | Within 1 hour of identification of severe sepsis  | * High risk cases

Piperacillin Tazobactum and aminoglycoside or vancomycin depending on the suspected agent* Low risk

Ceftriaxone and vancomycin | Can give antibiotics one after the other or at the same time; ceftriaxone to be given over 3 min then vancomycin |
| 5. Vasoactive agents in case hypoperfusion/ hypotension persists despite 40-60 ml/kg of fluid boluses in the first hour | Warm shock: dopamine or nor epinephrine; cold shock: dopamine or epinephrine  | Start after completion of third bolus. * If there are features of fluid overload (rales, hepatomegaly) stop bolus administration and start vasoactive agents
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