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Introduction

Septic shock is a major cause of mortality and the associated morbidity leads to increased resource utilization. Suboptimal timely delivery of initial resuscitation remains an unresolved problem and contributes to poor outcome in our resource limited service.

Objectives

To identify the risk factors for mortality in pediatric septic shock related to early resuscitation and facilitate the opportunity to improve our patient care. Methods

This was a retrospective cohort study of children 1 month to 18 years of age with septic shock who were admitted to the PICU between January 2013 and December 2017. Primary end point is 28-day mortality. **Results**

We analyzed 94 patients with septic shock. Median age was 7.5 years; 47.9% were male. The 28-day mortality rate was 33%. Age less than 1 year, underlying hematologic or immunologic condition and initial vasoactive-inotropic drug more than 60 minutes were associated with increased in 28-day mortality.

Conclusion

Age, hematologic or immunologic comorbidity and delayed vasoactiveinotropic therapy were independent risk factors for mortality in pediatric septic shock. These findings highlight the problems in our resource limited setting which should be targeted in process of care for better outcome.

Keywords

Children, septic shock, risk factor, mortality