Sepsis is a leading killer in children world wide. Recent advances in the understanding of the pathomechanism of sepsis have shown the complex interplay among the immune, coagulation and neuroendocrine endocrine systems.

How to stop sepsis is an important strategy and this includes improvement in suboptimal care through education of parents to recognize severity of illness, reduction of physician/hospital delay in administering therapies which requires system organization changes and early surgical intervention if needed to clear nidus of infection.

In 2007 update of the clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock early use of age specific therapies directed to attain time sensitive goals are recommended. This includes the 1st hour resuscitation of fluids and inotrope to attain threshold values of heart rate, blood pressure, and cap refill time ≤ 2 sec and subsequent care directed towards goals of central venous oxygen saturation of >70% and cardiac index of 3.3 – 6.0 L/min/m2.

The concept of a bundle has been developed to aid the delivery of best practice. Bundles consist of a group of evidence based practices that are implemented as a group such as ventilator management, sepsis resuscitation and ongoing sepsis management. These have been implemented with significant success. In spite of this, mortality is still high.

Many pharmaceutical agents have been developed to alter the septic response most of which has not shown benefit. Human recombinant activated protein C in a multicentre phase III randomized RCT have not shown any efficacy and has serious bleeding tendencies in children younger than 60 days. Steroids have also shown no benefit in children in a large pediatric trial. Other adjuvant therapies that include use of continuous renal replacement therapy, monoclonal antibodies, intravenous immunoglobulin, use of pentoxifylline in NEC and reduction of oxidative stress will be discussed.