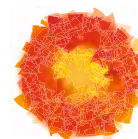


Your logo

ED/AMU Paediatric Sepsis Screening & Action Tool

To be applied to all children **aged 5-11 years** who have a suspected infection or have clinical observations outside normal limits



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Patient details (affix label):

Staff member completing form:

Date (DD/MM/YY):

Name (print):

Designation:

Signature:

1. Is child feverish or looking sick?

Tick

OR is parent/carer very worried?

OR has PEWS (or similar) triggered?



2. Could this be an infection?

Tick

Yes, but source unclear at present

Pneumonia/ likely chest source

Meningitis/ encephalitis

Urinary Tract Infection

Abdominal pain or distension

Other (specify:)



3. Is **ONE** Red Flag present?

Tick

Objective change in behaviour or mental state

Doesn't wake if roused or won't stay awake

Looks very ill to health professional

SpO₂ < 90%/ new need for oxygen

Severe tachypnoea (see chart)

Severe tachycardia (see chart)

Bradycardia (< 60 per minute)

Not passed urine in last 18 h

Non-blanching rash / mottled/ ashen/ blue

Temperature < 36°C



Red Flag Sepsis!!
Start Sepsis 6 pathway NOW

Low risk of sepsis. **If concerned, reassess within 6h.**
Use standard protocols, review if deteriorates



4. Any Amber Flag criteria?

Tick

Behaving abnormally/ not wanting to play

Significantly decreased activity/ parental concern

Moderate tachypnoea (see chart)

SpO₂ < 92% on air

Moderate tachycardia (see chart)

Cap refill time ≥ 3 seconds/ cold feet or hands

Reduced urine output (< 1 ml/kg/h if catheterised)

Leg pain

Immunocompromised



Send bloods *if 2 criteria present, consider if 1*
Lactate, blood cultures, FBC, U&Es, CRP, coag

Time complete

Initials

Immediate call to Paed/EM ST4+
Must review with results within 1 hour

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Is lactate > 2? (tick)

YES

NO



Clinician to make antimicrobial
prescribing decision within 3h

Time complete

Initials

If senior clinician happy, may discharge
with appropriate safety netting

Discharged?

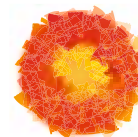
Initials

Age	Tachypnoea		Tachycardia	
	Severe	Moderate	Severe	Moderate
5 y	≥ 29	27-28	≥ 130	120-129
6-7 y	≥ 27	24-26	≥ 120	110-119
8-11 y	≥ 25	22-24	≥ 115	105-114

Your logo

Paediatric Sepsis Six Pathway

To be applied to all children **aged 5-11 years** who have a suspected infection or have clinical observations outside normal limits



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Inform Consultant Paediatrician and PICU.

Time zero

Consultant/ paed unit informed?
(tick)

Initials

Consider transfer to paediatric centre. State patient has **Red Flag Sepsis**



Action (complete ALL within 1 hour)

Reason not done/variance

1. Give high flow oxygen

Unless contraindicated

Time complete

Initials

2. Obtain IV/IO access, take bloods

Blood cultures, blood glucose, lactate, FBC, U&Es
Lumbar puncture if clinically indicated

Time complete

Initials

3. Give IV/IO antibiotics

According to Trust protocol- basic guideline below
Consider allergies prior to administration

Time complete

Initials

4. Consider IV/IO fluids

If hypotensive/lactate $< 2\text{mmol/l}$, up to 20ml/kg
(10ml/kg in neonates)

If lactate $> 4\text{mmol/l}$ also call PICU

Beware fluid overload! Examine for hepatomegaly, creps, gallop

Time complete

Initials

5. Ensure Paed/ EM ST4+ attends

or equivalent

Time complete

Initials

6. Consider inotropic support

If normal physiology is not restored after $\geq 20\text{ml/kg}$ fluid
(10ml/kg in neonates). Consider PICU admission.

Dopamine or epinephrine agents of choice, may
be given via PVC/ IO

Time complete

Initials

If after delivering the Sepsis Six, child still has:

- Reduced consciousness despite resuscitation
- Severe tachycardia or tachypnoea
- Lactate remains over 2mmol/l after 1 hour.

Or is clearly critically ill at any time

Then call Consultant Paediatrician immediately!!

Space available for local short antimicrobial
guideline/ escalation policy