1. In the context of presumed infection, are any of the following true:

(consider pneumonia, meningitis/encephalitis, urinary tract infection, intra-abdominal infection, acquired bacteraemia (e.g. Group B Strep))

- Patient looks very unwell
- Parent or carer is very concerned
- There is ongoing deterioration
- Physiology is abnormal for this patient

Tick

Low risk of sepsis. Consider other diagnoses.
Use clinical judgment and/or standard protocols.

Give safety netting advice: call 999 if child deteriorates rapidly, or call 111/arrange to see GP if condition fails to improve or gradually worsens. Signpost parent to available resources as appropriate.

2. Is ONE Red Flag present?

Unresponsive to social cues/ difficult to rouse
Health professional very worried
Weak, high pitched or continuous cry
Grunting respiration or apnoeic episodes
SpO₂ < 90%
Severe tachypnoea (see table)
Severe tachycardia (see table)/ bradycardia < 60
No wet nappies/ not passed urine in last 18 h
Non-blanching rash or mottled/ ashen/ cyanotic
Temperature < 36°C
If under 3 months, temperature > 38°C

Tick

Sepsis likely
Use clinical judgment to determine whether child can be managed in community setting. If treating in the community, consider:

- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

If immunity impaired refer for urgent hospital assessment

Tick

3. Any Amber Flag criteria?

Parent or clinician remains very concerned
Abnormal response to social cues/ not smiling
Reduced activity, very sleepy
Parent/ carer reports behaviour is abnormal
Moderate tachypnoea (see table)
SpO₂ < 91% OR nasal flaring
Moderate tachycardia (see table)
Capillary refill ≥3 seconds
Reduced urine output
Pale or flushed
Leg pain or cold extremities

Tick

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