SEPSIS SCREENING TOOL PREHOSPITAL

01 START IF CHILD LOOKS UNWELL, IF THERE’S PARENTAL CONCERN OR PEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:
- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:
- Respiratory
- Urine
- Skin / joint / wound
- Indwelling device

03 ANY RED FLAG PRESENT?

- Doesn’t wake when roused / won’t stay awake
- Looks very unwell to healthcare professional
- Weak, high-pitched or continuous cry
- Severe tachycardia (see chart)
- Severe tachypnoea (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C
- If under 3 months, temperature 38°C+

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS
- Not responding normally / no smile
- Reduced activity / very sleepy
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output
- Leg pain or cold extremities

RED FLAG SEPSIS
START PAEDIATRIC PH BUNDLE

FURTHER INFORMATION AND REVIEW REQUIRED:
- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER

PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:
- Oxygen to maintain saturations of >94%
- Measure lactate if available
- 20ml/kg boluses of Sodium Chloride. Repeat if hypotensive.

COMMUNICATION:
- Pre-alert receiving hospital.
- Divert to ED (or other agreed destination)
- Handover presence of Red Flag Sepsis

*NICE recommends rapid transfer to hospital is the priority rather than a prehospital bundle