# Sepsis Screening Tool Acute Assessment

**Age 0-5**

<table>
<thead>
<tr>
<th>Patient Details:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Hospital:</td>
<td></td>
</tr>
<tr>
<td>Designation:</td>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

1. **Start if child looks unwell, if there is parental concern or PEWS has triggered**

   **Risk factors for sepsis include:**
   - Recent trauma / surgery / invasive procedure
   - Impaired immunity (e.g. diabetes, steroids, chemotherapy)
   - Indwelling lines / broken skin

2. **Could this be due to an infection?**

   **Likely source:**
   - Respiratory
   - Urine
   - Indwelling lines
   - Surgical
   - Skin / joint / wound
   - Indwelling device

3. **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

4. **Any amber flag present?**

   - 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 (<1 ml/kg/h if catheterised)
   - Leg pain or cold extremities
   - Immunocompromised

**Red Flag Sepsis**

**Sepsis Six (PT0)**

- Send bloods and review results
- Ensure senior clinical review within 1HR

**Further review required:**

- **Antibiotics Required:**
  - Yes
  - No

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**No amber flags = routine care / consider other diagnosis**

### Sepsis Six

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Tachypnoea (breaths per minute)</th>
<th>Tachycardia (beats per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>Severe: 260, Moderate: 50-59</td>
<td>Severe: ≥160, Moderate: 150-159</td>
</tr>
<tr>
<td>1-2</td>
<td>Severe: 250, Moderate: 40-49</td>
<td>Severe: ≥150, Moderate: 140-149</td>
</tr>
<tr>
<td>3-4</td>
<td>Severe: 240, Moderate: 35-39</td>
<td>Severe: ≥140, Moderate: 130-139</td>
</tr>
</tbody>
</table>

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*UKST 2019 1.2 PAGE 1 OF 2 / UKST, REGISTERED CHARITY 1158843*
SEPSIS SCREENING TOOL -
THE PAEDIATRIC SEPSIS SIX

PATIENT DETAILS:          DATE:          TIME:
NAME:                      
DESIGNATION:              
SIGNATURE:                

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE SENIOR CLINICIAN ATTENDS
   NAME:          GRADE:
   TIME

02 OXYGEN IF REQUIRED
   START IF O₂ SATURATIONS LESS THAN 92% OR EVIDENCE OF SHOCK
   TIME

03 OBTAIN IV / IO ACCESS, TAKE BLOODS
   BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es,
   CRP AND CLOTTING, LUMBAR PUNCTURE IF INDICATED
   TIME

04 GIVE IV / IO ANTIBIOTICS
   MAXIMUM DOSE BROAD SPECTRUM THERAPY
   CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
   TIME

05 CONSIDER IV / IO FLUIDS
   IF LACTATE IS ABOVE 2 mmol/L GIVE FLUID BOLUS 20 ml/kg WITHOUT DELAY
   IF LACTATE >4 mmol/L CALL PICU. (10ml/kg neonates, REPEAT IF REQUIRED)
   TIME

06 CONSIDER INOTROPIC SUPPORT
   CONSIDER INOTROPIC SUPPORT IF NORMAL PHYSIOLOGY IS NOT RESTORED AFTER ≥20 mL/
   kg FLUID (10 mL/kg IN NEONATES), CALL PICU OR A REGIONAL CENTRE URGENTLY
   TIME

RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

RECORD ADDITIONAL NOTES HERE:
e.g. allergy status, arrival of specialist teams, variance from Sepsis Six