SEPSIS SCREENING TOOL ACUTE ASSESSMENT

01 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

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Urine
- Skin/joint/wound
- Indwelling device

03 ANY RED FLAG PRESENT?

- Objective evidence of new or altered mental state
- Doesn’t wake when roused / won’t stay awake
- Looks very unwell to healthcare professional
- Temperature <36°C
- Severe tachycardia (see chart)
- Severe tachypnoea (see chart)
- Bradycardia (<60 bpm)
- Needs O₂ to keep SpO₂ ≥ 90%
- Non-blanching rash / mottled / ashen / cyanotic

04 ANY AMBER FLAG PRESENT?

- Behaving abnormally / not wanting to play
- Parental concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1ml/kg/h if catheterised)
- Leg pain
- Temperature <36°C
- Immunocompromised

FURTHER REVIEW REQUIRED:

- SEND BLOODS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

TIME OF REVIEW: [ ] : [ ]

ANTIBIOTICS REQUIRED:
[ ] Yes  [ ] No

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

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**Red Flag Sepsis**

**Paediatric Sepsis Six (PTO)**

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## SEPSIS SCREENING TOOL - THE PAEDIATRIC SEPSIS SIX

<table>
<thead>
<tr>
<th>ACTION</th>
<th>TIME</th>
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<tbody>
<tr>
<td><strong>01</strong> Ensure senior clinician attends</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
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<td>Grade:</td>
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<tr>
<td><strong>02</strong> Oxygen if required</td>
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<tr>
<td>Start if O₂ saturations less than 92% or evidence of shock</td>
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<tr>
<td><strong>03</strong> Obtain IV / IO access, take bloods</td>
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<tr>
<td>Blood cultures, blood glucose, lactate, FBC, U&amp;Es, CRP and clotting lumbar puncture if indicated</td>
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<td><strong>04</strong> Give IV / IO antibiotics</td>
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<tr>
<td>Maximum dose broad spectrum therapy</td>
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<tr>
<td>Consider: local policy / allergy status / antivirals</td>
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<tr>
<td><strong>05</strong> Consider IV / IO fluids</td>
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<tr>
<td>If lactate is above 2 mmol/L give fluid bolus 20 ml/kg without delay</td>
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<tr>
<td>If lactate &gt;4 mmol/L call PICU.</td>
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<tr>
<td><strong>06</strong> Consider inotropic support</td>
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<tr>
<td>Consider inotropic support if normal physiology is not restored after ≥20 ml/kg fluid, call PICU or a regional centre urgently</td>
<td></td>
</tr>
</tbody>
</table>

## 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