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 / broken skin

**02** COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

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

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

**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
- Severe tachycardia (see chart)
- Severe tachypnoea (see chart)
- Bradycardia (<60 bpm)
- Needs O₂ to keep SpO₂ ≥ 90%
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C

RED FLAG SEPSIS

START PAEDIATRIC PH BUNDLE

**04** ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- 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

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

PREHOSPITAL SEPSIS BUNDLE*:

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Tachypnoea (breaths per minute)</th>
<th>Tachycardia (beats per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Severe: ≥29</td>
<td>Moderate: 24-28</td>
</tr>
<tr>
<td>6-7</td>
<td>Severe: ≥27</td>
<td>Moderate: 24-26</td>
</tr>
<tr>
<td>8-11</td>
<td>Severe: ≥25</td>
<td>Moderate: 22-24</td>
</tr>
</tbody>
</table>

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