SEPSIS SCREENING TOOL ACUTE ASSESSMENT

AGE 5-11

PATIENT DETAILS:

DATE:  
NAME:  
DESIGNATION:  
SIGNATURE:  
HOSPITAL:

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
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- SpO₂ < 90% on air or increased O₂ requirements
- Non-blanching rash / mottled / ashen / cyanotic

04 **ANY AMBER FLAG PRESENT?**

- Behaving abnormally / not wanting to play
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air or increased O₂ requirement
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1ml/kg/h if catheterised)
- Leg pain
- Temperature <36°C
- Immunocompromised

**RED FLAG SEPSIS**

START

**PAEDIATRIC SEPSIS SIX**

(PTO)

**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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### Age (years) | Tachypnoea (breaths per minute) | Tachycardia (beats per minute)
---|---|---
5 | Severe ≥29 | Moderate 24-28 | Severe ≥130 | Moderate 120-129
6-7 | Severe ≥27 | Moderate 24-26 | Severe ≥120 | Moderate 110-119
8-11 | Severe ≥25 | Moderate 22-24 | Severe ≥115 | Moderate 104-114
# SEPSIS SCREENING TOOL - THE PAEDIATRIC SEPSIS SIX

### AGE 5-11

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## Complete All Actions Within One Hour

### 01 Ensure Senior Clinician Attends
- *Not all patients with red flags will need the 'SEPSIS 6' urgently. A senior decision maker may seek alternative diagnoses/de-escalate care. Record decisions below*

**Name:**

**Grade:**

### 02 Oxygen If Required
- *Start if O₂ saturations less than 92% or evidence of shock*

### 03 Obtain IV / IO Access, Take Bloods
- *Blood cultures, blood glucose, lactate, FBC, U&Es, CRP and clotting lumbar puncture if indicated*

### 04 Give IV / IO Antibiotics
- *Maximum dose broad spectrum therapy*
  - Consider: Local policy / allergy status / antivirals

### 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.

### 06 Consider Inotropic Support
- *Consider inotropic support if normal physiology is not restored after ≥20 mL/kg fluid, call PICU or a regional centre urgently*

## Red Flags After One Hour – Escalate to Consultant Now

## Record Additional Notes Here:
e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making, variance from Sepsis Six