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?

- Doesn’t wake when roused / won’t stay awake
- Looks very unwell to healthcare professional
- Weak, high-pitched or continuous cry
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C
- If under 3 months, temperature 38°+
- SpO₂ < 90% on air or increased O₂ requirements

04 ANY AMBER FLAG PRESENT?

- Not responding normally / no smile
- Reduced activity / very sleepy
- Parental or carer concern
- 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

SEPSIS SIX (PTO)

- 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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SEPSIS SCREENING TOOL - THE PAEDIATRIC SEPSIS SIX

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. (10ml/kg neonates, REPEAT IF REQUIRED)

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

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