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

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)
- Needs O₂ to keep SpO₂ ≥ 90%
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C

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

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

RED FLAG SEPSIS
START PAEDIATRIC PH BUNDLE

FURTHER INFORMATION AND REVIEW REQUIRED:
- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANOVER

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

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

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