

**PATIENT DETAILS:**

**DATE:**

**TIME:**

**NAME:**

**HOSPITAL:**

**DESIGNATION:**

**SIGNATURE:**

## 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?

YES

**LIKELY SOURCE:**

- Respiratory
- Brain
- Urine
- Surgical
- Skin/joint/wound
- Other
- Indwelling device

NO

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

YES

- 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)
- SpO<sub>2</sub> < 90% on air or increased O<sub>2</sub> requirements
- Non-blanching rash / mottled / ashen / cyanotic

YES

**RED FLAG SEPSIS**  
**START PAEDIATRIC SEPSIS SIX (PTO)**

## 04 ANY AMBER FLAG PRESENT?

NO

- Behaving abnormally / not wanting to play
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO<sub>2</sub> < 92% on air or increased O<sub>2</sub> requirement
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1ml/kg/h if catheterised)
- Leg pain
- Temperature <36°C
- Immunocompromised

YES

## FURTHER REVIEW REQUIRED:

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

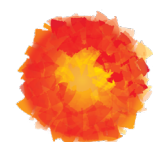
TIME OF REVIEW: ■■ : ■■

ANTIBIOTICS REQUIRED:

Yes  No

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**

Age (years)	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
5	≥29	24-28	≥130	120-129
6-7	≥27	24-26	≥120	110-119
8-11	≥25	22-24	≥115	104-114



THE UK SEPSIS TRUST

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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:

TIME

 : 

# 02

### OXYGEN IF REQUIRED

START IF O<sub>2</sub> SATURATIONS LESS THAN 92% OR EVIDENCE OF SHOCK

TIME

 : 

# 03

### OBTAIN IV / IO ACCESS, TAKE BLOODS

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING LUMBAR PUNCTURE IF INDICATED

TIME

 : 

# 04

### GIVE IV / IO ANTIBIOTICS

MAXIMUM DOSE BROAD SPECTRUM THERAPY  
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS

TIME

 : 

# 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.

TIME

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# 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

TIME

 : 

## 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