

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)
- Indwelling lines / broken skin
- Recent trauma / surgery / invasive procedure

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

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

NO

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 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

YES

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

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER

PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:

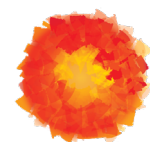
Oxygen to maintain saturations of >94%
Measure lactate if available
20ml/kg boluses of Sodium Chloride. Repeat if hypotensive.

COMMUNICATION:

Pre-alert receiving hospital.
Divert to ED (or other agreed destination)
Handover presence of Red Flag Sepsis

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

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



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