

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?

- 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°C+
- SpO₂ < 90% on air or increased O₂ requirements

YES

RED FLAG SEPSIS
START PAEDIATRIC PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Not responding normally / no smile
- Reduced activity / very sleepy
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output
- Leg pain or cold extremities

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

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

PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:

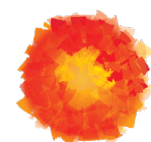
Oxygen to maintain saturations of >94%
Measure lactate if available
20ml/kg boluses of Sodium Chloride. Repeat if hypotensive.

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
<1	≥60	50-59	≥160	150-159
1-2	≥50	40-49	≥150	140-149
3-4	≥40	35-39	≥140	130-139



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