

PATIENT DETAILS:

DATE:

TIME:

NAME:

HOSPITAL:

DESIGNATION:

SIGNATURE:

01 START IF THE CHILD IS LIKELY TO HAVE AN INFECTION, AND EITHER YOU'RE WORRIED CLINICALLY OR LOCAL PEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

- Parent or carer concern
- Known (or risk of) immunosuppression
- Recent surgery/ trauma or indwelling lines

02 IS THIS LIKELY TO BE DUE TO AN INFECTION?

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)
- SpO₂ < 90% on air or increased O₂ requirements
- Non-blanching rash / mottled / ashen / cyanotic

YES

RED FLAG SEPSIS
START
PAEDIATRIC SEPSIS SIX

04 ANY AMBER FLAG PRESENT?

NO

- Behaving abnormally / not wanting to play
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air or increased O₂ 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 consider imaging
- Check lactate
- Arrange review by ST4+ within 30 mins
- Escalate to RED FLAG if deteriorates or if lactate >4 mmol/l
- If sepsis suspected, within 3h:

**ADMINISTER ANTIMICROBIALS
MAKE ESCALATION & SOURCE CONTROL PLAN**

ANTIBIOTICS REQUIRED:

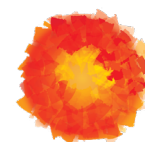
TIME OF REVIEW:

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.

TIME

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02 OXYGEN IF REQUIREDSTART IF O₂ SATURATIONS LESS THAN 92% OR EVIDENCE OF SHOCK

TIME

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03 OBTAIN IV / IO ACCESS, TAKE BLOODS

BLOOD CULTURES (FULLY FILL AEROBIC BOTTLE FIRST!), BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING, LUMBAR PUNCTURE IF INDICATED

TIME

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04 GIVE ANTIBIOTICS, THINK SOURCE CONTROLMAXIMUM DOSE BROAD SPECTRUM THERAPY. THINK LOCAL POLICY / ALLERGIES / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW. IF SOURCE AMENABLE TO DRAINAGE
ENSURE ACHIEVED AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

TIME

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05 CONSIDER IV / IO FLUIDSIF LACTATE IS >2 mmol/L GIVE FLUID BOLUS 20 ml/kg WITHOUT DELAY IF
LACTATE >4 mmol/L CALL PICU. REPEAT IF REQUIRED

TIME

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06 CONSIDER INOTROPIC SUPPORTCONSIDER INOTROPIC SUPPORT IF NORMAL PHYSIOLOGY IS NOT RESTORED AFTER ≥20
mL/kg FLUID, CALL PICU OR A REGIONAL CENTRE URGENTLY

TIME

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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

