

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

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

ADDITIONAL FACTORS PROMPTING SCREENING FOR SEPSIS INCLUDE:

- Parent or carer concern
- Age less than one year
- Known (or risk of) immunosuppression
- Recent surgery/ trauma or indwelling lines

YES

CALCULATE PEWS SCORE USING LATEST VITAL SIGNS & MEASURE LACTATE USING VBG/ CAP

02 IS PEWS 9 OR ABOVE?

OR IS PEWS BETWEEN 5 AND 8 AND LACTATE → 4 MMOL/L

OR DOES THE CHILD LOOK EXTREMELY UNWELL TO A HEALTH PROFESSIONAL?

NO

03 IS PEWS BETWEEN 5 AND 8?

OR IS THERE PERSISTING SIGNIFICANT PARENTAL CONCERN?

IF LACTATE → 4 MMOL/L ESCALATE TO RED FLAG SEPSIS

YES

RED FLAG SEPSIS

START PAEDIATRIC SEPSIS SIX

YES

SEND FULL SET OF BLOODS

ENSURE SENIOR CLINICAL REVIEW (ST4+) WITHIN 30 MINUTES

IF ANTIMICROBIALS ARE NEEDED, THESE SHOULD BE GIVEN AND A PLAN MADE FOR ESCALATION & SOURCE CONTROL WITHIN 3 HOURS

I have prescribed antimicrobials

This patient does not require antimicrobials as:

- I don't think this child has an infection
- This child is already on appropriate antimicrobials
- Other _____

NAME:

GRADE:

DATE:

TIME: : :

SIGNATURE:

NO AMBER CRITERIA = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS



THE UK SEPSIS TRUST

PATIENT DETAILS:

DATE:

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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

TIME

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02 OXYGEN IF REQUIRED

START IF O2 SATURATIONS LESS THAN 92% OR THERE IS 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&E'S, CRP AND CLOTTING LUMBAR PUNCTURE IF INDICATED

TIME

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04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

MAXIMUM DOSE BROAD SPECTRUM THERAPY

CONSIDER: LOCAL POLICY / ALLERGY STATUS / 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 GIVE IV FLUIDS

IF LACTATE 2-4 mmol/L GIVE FLUID BOLUS 20 ml/kg WITHOUT DELAY

IF LACTATE >4 mmol/L CALL PICU. (10ml/kg neonates, REPEAT IF REQUIRED)

TIME

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06 CONSIDER INOTROPIC SUPPORT

CONSIDER INOTROPIC SUPPORT IF NORMAL PHYSIOLOGY IS NOT RESTORED AFTER ≥ 20 mL/kg FLUID (10 mL/kg IN NEONATES), AND 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

