

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START IF CHILD LOOKS UNWELL, IF PARENT IS CONCERNED OR PHYSIOLOGY IS ABNORMAL e.g. PEWS

RISK FACTORS FOR SEPSIS INCLUDE:

- ☐ Recent trauma / surgery / invasive procedure ☐ Indwelling lines / broken skin
☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)

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
☐ Respiratory rate ≥ 25 per minute
☐ New need for O₂ (40% or more) to keep SpO₂ > 92% (>88% COPD)
☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
☐ Heart rate >130 per minute
☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
☐ Non-blanching rash / mottled / ashen / cyanosis of skin, lips or tongue

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

04 ANY AMBER FLAG PRESENT?

If two or more amber flags are present and lactate >2, treat as a red flag sepsis

- ☐ Family report abnormal behaviour or mental state
☐ Reduced functional ability
☐ Respiratory rate 21-24
☐ Systolic BP 91-100 mmHg
☐ Heart rate 91-130 or new dysrhythmia
☐ SpO₂ < 92% on air or increased O₂ requirements
☐ Not passed urine in 12-18hr (0.5 ml/kg/hr to 1 ml/kg/hr if catheterised)
☐ Immunocompromised
☐ Signs of infection including wound infection
☐ Temperature <36°C
☐ Trauma, surgery or invasive procedure in the last 6 weeks

SEND FULL SET OF BLOOD S INCLUDING VBG
IMMEDIATE REVIEW BY ST3 OR ABOVE

IF ANTIMICROBIALS ARE NEEDED,
ADMINISTER AS SOON AS DECISION MADE
BUT ALWAYS WITHIN 3 HOURS

I have prescribed antimicrobials ☐

YES This patient does not require antimicrobials as:

- I don't think this patient has an infection ☐
 - Patient already on appropriate antimicrobials ☐
 - Other ☐

NAME: GRADE:

DATE: TIME:

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS
 Interpret physiology in context of individual patient
ALWAYS REASSESS IF PATIENT DETERIOATES

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COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE ST4+ ATTENDS, CALL CONSULTANT

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY.
A SENIOR DECISION MAKE MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.

NAME:

GRADE:

TIME

:

02 OXYGEN IF REQUIRED

START IF O₂ SATURATIONS LESS THAN 92% OR EVIDENCE OF SHOCK

TIME

:

03 OBTAIN IV/IO ACCESS, TAKE BLOODS

BLOOD CULTURES, VBG, BLOOD GLUCOSE, LACTATE, FBC, U&Es, LFTs, CRP AND CLOTTING
LUMBAR PUNCTURE IF INDICATED, . CONSIDER RAPID PATHOGEN ID

TIME

:

04 GIVE IV/IO ANTIBIOTICS

MAXIMUM DOSE BROAD SPECTRUM THERAPY (CONSIDER ESCALATION IF ALREADY ON ANTIBIOTICS)
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW TO HELP IDENTIFY SOURCE
IF SOURCE AMENABLE TO DRAINAGE ENSURE ACHIEVED AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

TIME

:

05 CONSIDER IV/IO FLUIDS

IF LACTATE IS ABOVE 2 mmol/L GIVE FLUID BOLUS 10 ml/kg WITHOUT DELAY
IF LACTATE IS ABOVE 4 mmol/L GIVE FLUID BOLUS AND CALL ICU.
REPEAT FLUID BOLUS IF REQUIRED

TIME

:

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

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RED FLAGS AFTER ONE HOUR - ESCALATE TO CONSULTANT NOW
Monitor at least every 30 mins using early warning score e.g. PEWS

RECORD ADDITIONAL NOTES HERE:

e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making,
variance from Sepsis Six

