# SEPSIS SCREENING ACUTE ASSESSMENT

**Age 5-11**

**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, steriods, chemotherapy)

## 02 COULD THIS BE DUE TO AN INFECTION?

YES

**LIKELY SOURCE:**

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

NO → **SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

YES

- ☐ Mental state or behaviour is acutely altered
- ☐ Doesn't wake when roused / won't stay awake
- ☐ Looks very unwell to healthcare professional
- ☐ SpO2 <90% on air or increased O2 requirements
- ☐ Severe tachypnoea (see chart)
- ☐ Severe tachycardia (see chart)
- ☐ Bradycardia (<60 bpm)
- ☐ 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?

NO

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

- ☐ Not behaving normally
- ☐ Reduce activity / very sleepy
- ☐ Parental or carer concern
- ☐ Moderate tachypnoea (see chart)
- ☐ Moderate tachycardia (see chart)
- ☐ SpO2 <92% on air or increased O2 requirements
- ☐ Nasal flaring
- ☐ Capillary refill time ≥ 3 seconds
- ☐ Reduced urine output (<1ml/kg/h if catheterised)
- ☐ Leg pain / cold extremities
- ☐ Immunocompromised
- ☐ Temperature <36˚C

**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**
**ALWAYS REASSESS IF PATIENT DETERIOATES**

| 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 | 105-114 |

THE UK SEPSIS TRUST

# SEPSIS SCREENING TOOL - THE PAEDIATRIC SEPSIS SIX

**Age 5-11**

**PATIENT DETAILS:**

**DATE:** **TIME:**
**NAME:**
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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 MAKER MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.

NAME: GRADE:

TIME ☐☐:☐☐

### 02 OXYGEN IF REQUIRED

START IF $O_2$ 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
IFLACTATE 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 ☐☐:☐☐

## 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**