

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

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

- ☐ 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

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

- ☐ 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:

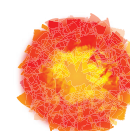
- I don't think this patient has an infection ☐
- Patient already on appropriate antimicrobials ☐
- Other ☐

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



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SEPSIS
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SEPSIS SCREENING TOOL - THE PAEDIATRIC SEPSIS SIX

Age 5-11

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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 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

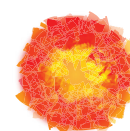
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RED FLAGS AFTER ONE HOUR - ESCALATE TO CONSULTANT NOW

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



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