

PATIENT DETAILS:

DATE:

TIME:

NAME:

HOSPITAL:

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
- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Indwelling lines / broken skin

02 COULD THIS 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?

- Doesn't wake when roused / won't stay awake
- Looks very unwell to healthcare professional
- Weak, high-pitched or continuous cry
- Grunting or apnoea
- 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
- Temperature <36°C
- If under 3 months, temperature 38°+

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

- Not responding normally / no smile
- Reduced activity / very sleepy
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1 ml/kg/h if catheterised)
- Leg pain/ cold extremities/ very pale
- Pallor of skin, lips or tongue
- Immunocompromised
- If 3-6 months, temperature 39°+

YES

SEND FULL SET OF BLOODS INCLUDING VBG IMMEDIATE REVIEW BYST30R ABOVE

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

I have prescribed antimicrobials

This patient does not require antimicrobials as:

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

NAME:

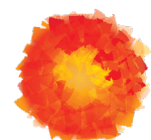
GRADE:

DATE:

TIME: : :

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS
ALWAYS REASSESS IF PATIENT DETERIORATES**

Age	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
<1	≥60	50-59	≥160	150-159
1-2	≥50	40-49	≥150	140-149
3-4	≥40	35-39	≥140	130-139



THE UK SEPSIS TRUST

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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

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02 OXYGEN IF REQUIRED

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

TIME

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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

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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

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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 PICU.

REPEAT FLUID BOLUS 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), 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