

**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?

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

- Objective evidence of new or altered mental state
- Respiratory rate  $\geq 25$  per minute
- New need for O<sub>2</sub> (40% or more) to keep SpO<sub>2</sub> > 92% (>88% COPD)
- Systolic BP  $\leq 90$  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 / cyanotic

YES

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

## 04 ANY AMBER FLAG PRESENT?

NO

- 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
- SpO<sub>2</sub> < 92% on air or increased O<sub>2</sub> 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

**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

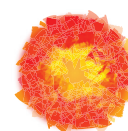
YES This patient does not require antimicrobials as:

- 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 O<sub>2</sub> 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

**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

