

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

- 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 / cyanotic

YES

RED FLAG SEPSIS
START PAEDIATRIC SEPSIS SIX (PTO)

04 ANY AMBER FLAG PRESENT?

NO

- 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:

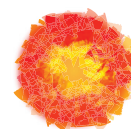
- I don't think this patient has an infection
- Patient already on appropriate antimicrobials
- Other

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

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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

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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 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

