# START THIS CHART IF THE CHILD LOOKS UNWELL, IF PARENT IS CONCERNED OR PHYSIOLOGY IS ABNORMAL e.g. PEWS

YES

YES

### **RISK FACTORS FOR SEPSIS INCLUDE:**

🗌 Impaired immunity (e.g. diabetes, steriods, chemotherapy) 🛛 Indwelling lines / IVDU / broken skin Recent trauma / surgery / invasive procedure

#### **COULD THIS BE DUE TO AN INFECTION?** LIKELY SOURCE: Urine Skin / joint / wound Indwelling device Respiratory

NO.

0ther



Age 5-11

## **ANY RED FLAGS PRESENT?**

Surgical

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)

Brain

] Non-blanching rash / mottled / ashen / cyanotic

## **ANY AMBER FLAGS PRESENT?**

#### MUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

Not behaving normally

- Reduce activity / very sleepy
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO<sub>2</sub> <92% on air or increased O<sub>2</sub> requirements
- Nasal flaring
- Capillary refill time  $\geq$  3 seconds
- Reduced urine output (<1ml/kg/h if catheterised)
- Leg pain / cold extremities
- Immunocompromised
- Temperature <36°C

### **USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY** SETTING. IF TREATING IN THE **COMMUNITY CONSIDER:**

RED FLAG

START GP BUNDLE

- PLANNED SECOND **ASSESSMENT +/- BLOODS**
- SPECIFIC SAFETY **NETTING ADVICE**

# **NO AMBER FLAGS: ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:**

### **GP RED FLAG BUNDLE: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME** >1HR GIVE IV ANTIBIOTICS

Tachvcardia Tachypnoea Age (breaths per minute) (beats per minute) (years) Moderate Moderate Severe Severe 5 ≥29 24-28 ≥130 120-129 6-7 ≥27 24-26 ≥120 110-119 8-11 >25 22-24 ≥115 105-114

#### **COMMUNICATION:** Ensure

communications of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.



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