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

RISK FACTORS FOR SEPSIS INCLUDE:

Impaired immunity (e.g. diabetes, steriods, chemotherapy)	☐ Indwelling lines / broken skir

Recent trauma / surgery / invasive procedure

YES

02

COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

☐ Brain ☐ Surgical

☐ Skin /	joint / wound
Other	

☐ Indwelling device

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

OBJECT OF STREET ANY RED FLAGS PRESENT?

Mental state or behaviour is acutely altered

Doesn't wake when roused / won't stay awake

Looks very unwell to healthcare professional

Sp02 <90% on air or increased 02 requirements

🔲 Severe tachypnoea (see chart)

Severe tachycardia (see chart)

☐ Bradycardia (<60 bpm)

Non-blanching rash / mottled / ashen / cyanotic

RED FLAG SEPSIS START PAEDIATRIC PH BUNDLE

O 4 ANY AMBER FLAGS PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

Reduce activity / very sleepy

Parental or carer concern

Moderate tachypnoea (see chart)

■ Moderate tachycardia (see chart)

 \square 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

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION

YES

- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER
- RECHECK VITAL SIGNS AT LEAST EVERY 30 MINS AND ESCALATE TO RED FLAG IF APPROPRIATE

PREHOSPITAL SEPSIS BUNDLE:

RESUSCITATION:

Oxygen to maintain saturations of >94%

Measure lactate if available

10ml/kg boluses of Sodium Chloride. Repeat if hypotensive

CONSIDER IV ANTIBIOTICS IF EXPECTED TRANSIT TIME >1H

COMMUNICATION:

Pre-alert receiving hospital Divert to ED (or other agreed destination) Handover presence of Red Flag Sepsis

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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