START IF CHILD LOOKS UNWELL, IF THERE'S OBSERVATION OF DETERIORATION OR IF PARENTS ARE CONCERNED

RISK FACTORS	FOR SEPSIS	S INCLUDE:
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Impai	ired immunity (e.g. diabetes, steroids, chemotherapy)	Indwelling lines / broken skin
Recer	nt trauma / surgery / invasive procedure	

YES COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

Ш	Respiratory
	Brain

Urine
Surgical

Skin / joint / wound
Other

YES

ıd Indwelling device

SEPSIS UNLIKELY, **CONSIDER OTHER DIAGNOSIS AND COMPLETE ABCDE ASSESSMENT**

		.AG	PK	ES	EN	
Doesn'	t wak	e whe	n rou	sed /	won't	stay

awake Looks very unwell to healthcare professional

Weak, high-pitched or continuous cry

Severe tachypnoea (see chart)

Severe tachycardia (see chart)

SPO₂ < 90% on air or increased O₂ requirements

Bradycardia (<60 bpm)

Non-blanching rash / mottled / ashen / cyanotic

Temperature <36°C

If under 3 months, temperature 38°C+

Capillary refill time ≥ 3 seconds

START PAEDIATRIC PALLIATIVE CARE BUNDLE

ANY AMBER FLAG PRESENT?

1MUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

Not responding normally / no smile

Reduced activity / very sleepy

Moderate tachypnoea (see chart)

Moderate tachycardia (see chart)

SpO2 90-92% or increased O2 requirement

Nasal flaring

Reduced urine output

Leg pain or cold extremities

If over 3 months, temperature 38.5°C+

FURTHER REVIEW REQUIRED:

1. Same day assessment by GP/Advanced Nurse Practitioner

Time of Review:

2. Is escalation required with hospital transfer?

YES NO

If yes time arranged:

(Communicate potential sepsis)

3. Document ongoing management plan including frequency of review and assessment

NO AMBER FLAGS: ROUTINE CARE / CONSIDER OTHER DIAGNOSES AND DOCUMENT ASSESSMENT.

Tachycardia

(beats per minute)

SAFETY NET ADVICE AND LEAFLET GIVEN TO FAMILIES ON DISCHARGE HOME

PAEDIATRIC PALLIATIVE CARE SEPSIS BUNDLE: THIS IS TIME CRITICAL - IMMEDIATE ACTION REQUIRED

1. Dial 999 - Communicate "Red Flag Sepsis" If available administer oxygen to mantain saturations >94% NICE recommends rapid transfer to a hospital as a priority

Moderate

150-159

140-149

130-139

OR

2. Follow Advanced Care Plan (ACP). Seek immediate senior review in house, inform family and confirm wishes

Age (years)	Tach; (breaths)	Tac (beats	
	Severe	Moderate	Severe
<1	≥60	50-59	≥160
1-2	≥50	40-49	≥150
3-4	≥40	35-39	≥140

Child's Name: **Staff Name:** Date/Time:







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