The Pennine Acute Hospitals NHS Trust

Paediatric Sepsis Screening & Action Tool

12-16 years old

To be applied to all children who have suspected infection or have clinical observations outside normal limits

THE UK SEPSIS TRUST

Patient details (affix label):

Name

Hospital number

NHS number

Date of birth

Staff member completing form:

Date (DD/MM/YY): Time

Name (print):

Designation:

Signature:

Important:
Is an end of life pathway in place? Yes ☐ Is escalation clinically inappropriate? Yes ☐ Initials ☐ Discontinue pathway

1. Does the child look sick?

	No Tick	Yes Tick
Does the child look sick?	☐	☐
or is the parent / carer very worried?	☐	☐
or is any EWS / PAT-POPS red/amber?	☐	☐

ALL N → Low risk of sepsis
Use standard protocols, consider discharge (approved by senior decision maker) with safety netting — Tick ☐

Any ↓ Y

2. Is an infection suspected?

	No ☐	Yes Tick
Yes, but source unclear at present		☐
Pneumonia		☐
Urinary Tract Infection		☐
Abdominal pain or distension		☐
Cellulitis/ septic arthritis/ infected wound		☐
Device-related infection		☐
Meningitis		☐
Other (specify: .....)		☐

N

↓ Y

3. Is one or more Red Flag present?

	No ☐	Yes Tick
Responds only to voice or pain / unresponsive		☐
Acute confusional state		☐
Systolic BP <90 mmHg		☐
Heart rate > 130 per minute		☐
Respiratory rate ≥ 25 per minute		☐
SpO_2 < 90% / new need for oxygen		☐
Non-blanching rash, mottled/ ashen/ cyanotic		☐
Not passed urine in last 18 h/ UO <0.5 ml/kg/hr		☐

N

↓ Y

4. Any Amber Flag criteria?

	No ☐	Yes Tick
Relatives concerned about mental status		☐
Acute deterioration in functional ability		☐
Immunocompromised		☐
Trauma/ surgery/ procedure in last 6 weeks		☐
Respiratory rate 21-24		☐
Systolic B.P 91-100 mmHg		☐
Heart rate 91-130 OR new dysrhythmia		☐
Not passed urine in last 12 hours		☐
Temperature < 36°C		☐
Clinical signs of wound, device or skin infection		☐

↑ N

↓ Y

	Time complete	Initials
Send bloods if 2 criteria,consider if 1 or if capillary lactate >2 lactate, blood cultures, FBC, U&Es, CRP, Coag		
Ensure urgent senior review *Must review with results within 1 hour*		

↓

Is venous/art lactate >2 ? YES ☐ NO ☐

Y

Clinician to make antimicrobial prescribing decision within 3h		
If senior clinician happy, may discharge with appropriate safety netting		

↓ Y

Red Flag Sepsis!! Start Sepsis 6 pathway NOW (see overleaf)

This is time critical, immediate action is required.

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Paediatric Sepsis Six Pathway
12-16 years old

To be applied to children with suspected or confirmed Red Flag Sepsis

THE UK SEPSIS TRUST

Inform Consultant Paediatrician
Consider transfer to paediatric centre with PICU
State patient has Red Flag Sepsis

Time zero	Consultant / Paed Unit informed (tick)	Initials

	Time complete	Initials	Reason not done / variance
1. Give high flow oxygen			
2. Obtain IV/IO access, take bloods Blood cultures, blood glucose, lactate, FBC, U&Es, coag, CRP. Lumbar puncture if clinically indicated			
3. Give IV antibiotics According to Trust protocol Consider allergies prior to administration			
4. Consider IV/IO fluids If lactate >4 mmol/l or >40 ml/kg given call NWTS			
5. Ensure Paediatric ST3+ attends or equivalent			
6. Consider inotropic support if normal physiology is not restored after 20 ml/kg consider PICU. Dopamine or adrenaline are agents of choice, may be given by peripheral cannula or IO			

If after delivering Sepsis 6, child still has:
- Reduced consciousness
- Severe tachycardia or tachypnoea
- Lactate >2 mmol/l after 1 hour

or is clearly critically ill at any time
Then call Consultant Paediatrician immediately

Antibiotic guideline for sepsis

ceftriaxone 80 mg/kg
once a day with a maximum dose of 4 g daily

add Gentamicin if requiring inotropes or
suspected UTI / resistant organism / line infection

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