

Paediatric Sepsis Form

For early recognition, treatment and referral (ALWAYS USE CLINICAL JUDGEMENT)



PAEDIATRIC PATIENTS (from 4 weeks (or 4 wks corrected age) to 16 years)



Complete this form if there is a **clinical suspicion of infection and the child appears unwell**. When complete, sign and place in child's healthcare record. Seek senior expert help early if sepsis is suspected.

Print name:

Signature:

Role:

NMBI or MCRN:

Date: Time:

Addressograph

COULD THIS BE SEPSIS?

≥1 Red Flag

Altered mental status- P or U on AVPU Hypotension Prolonged central capillary refill

Tachycardia unexplained by fever/crying Non-blanching rash Clinical deterioration as in-patient

Yes

Immediate medical review

No Red Flag

≥1 Amber Flag

Inappropriate tachypnoea i.e. does not respond with simple measures

Altered functional status (e.g. severe leg pain, or inability to weight-bear or decreased activity)

Healthcare professional concern Parental concern

Increasing PEWS Other:

Risk Factor(s)

Certain conditions will increase risk of sepsis and should lower threshold for initiation of Sepsis 6. These include:

Immunocompromised (follow national haematology/oncology guidelines for children with cancer)

Age ≤3 months Chronic disease

Recent surgery Break in skin (including chickenpox)

Indwelling line/device Signs of infection in a wound (including chickenpox)

Incomplete vaccination record Other:

Urgent medical review if ≥1 Amber Flag +/- Risk Factor(s)

Is Sepsis likely at this time?

Signs of Shock Yes No

Start Sepsis 6 within 1hr

Time:

Suspected Sepsis Yes

3hr window for diagnostic work up - see "take 3"

Suspicion Time:

Sepsis NOT likely at this time

Working Diagnosis:

Review within:

Doctor (Print Name): Doctor Signature:

MCRN: Date: Time:

Paediatric Sepsis Form

Ongoing clinical review and interpretation of results

(ALWAYS USE CLINICAL JUDGEMENT)

Addressograph

Paediatric Sepsis 6 – complete within 1 hour

TAKE 3	GIVE 3
<input type="checkbox"/> IV access Time <input type="text"/> or <input type="checkbox"/> IO access Time <input type="text"/> Tick samples taken: <input type="checkbox"/> Blood cultures <input type="checkbox"/> FBC <input type="checkbox"/> Glucose <input type="checkbox"/> Blood gas <input type="checkbox"/> Coag screen incl fibrinogen <input type="checkbox"/> Lactate <input type="checkbox"/> U&E <input type="checkbox"/> LFTs <input type="checkbox"/> CRP <input type="checkbox"/> Urinalysis <input type="checkbox"/> PCRs if available	<input type="checkbox"/> Oxygen to achieve saturations $\geq 94\%$ titrating to effect or as appropriate in chronic lung or cardiac disease <input type="checkbox"/> IV/IO fluids - Titrate 10-20mls/kg Hartmann's Solution over 5-10min, 0.9% NaCL is an acceptable alternative – repeat as per clinical response - Call critical care/anaesthesia in haemodynamic collapse - Consider early inotropic support - Assess for fluid overload, monitor for crepitations or hepatomegaly <input type="checkbox"/> IV/IO Antimicrobials according to the site of infection and following local antimicrobial guidelines. Drug name: <input type="text"/> Dose: <input type="text"/> Time given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Urine output assessment/measurement <input type="checkbox"/> Early senior input (essential) as per local escalation policy	Time Sepsis 6 completed: <input type="text"/> Name: <input type="text"/> MCRN: <input type="text"/>

Reassess the child as clinically indicated and complete form within 1 hour of initiating the Sepsis 6 bundle

Look for signs of new organ dysfunction after the Sepsis 6 bundle has been given or from blood test results – any one is sufficient:

Cardiovascular <input type="checkbox"/> Lactate ≥ 4 after 20mls/kg fluid therapy	Respiratory <input type="checkbox"/> Increasing need for Oxygen to maintain saturations $\geq 94\%$ titrating to effect or as appropriate in chronic lung or cardiac disease <input type="checkbox"/> Need for nonelective invasive or noninvasive mechanical ventilation
Central Nervous System <input type="checkbox"/> Glasgow coma score (GCS) ≤ 11 or poorly responsive <input type="checkbox"/> Acute change in mental status with a decrease in GCS ≥ 3 points from usual baseline	Renal <input type="checkbox"/> Serum creatinine ≥ 2 times upper limit of normal for age or 2-fold increase in baseline creatinine
Haematological <input type="checkbox"/> Platelet count $\leq 80,000/\text{mm}^3$ ($\leq 80 \times 10^9/\text{L}$) Coagulation <input type="checkbox"/> International normalised ratio ≥ 2	Liver <input type="checkbox"/> Total bilirubin $\geq 38 \mu\text{mol/L}$ (micromoles/L) not applicable for newborn <input type="checkbox"/> ALT 2 times upper limit of normal for age

Any new organ dysfunction due to infection: This is **SEPSIS**

Inform Consultant and Anaesthesia/PICU. Time:

Reassess frequently in the first hour. Consider other investigations and management +/- source control if child does not respond to initial therapy.

No new organ dysfunction due to infection: This is **NOT SEPSIS**

If infection is diagnosed, proceed with usual treatment pathway for that infection.

Look for signs of septic shock

(following administration of fluid bolus of up to 40ml/kg)

- Hypotension
- Prolonged central CRT
- Core to peripheral temperature gap $\geq 3^\circ\text{C}$
- Unexplained metabolic acidosis
- Oliguria: $\leq 1\text{ml/kg/hour}$ up to 11 years or $\leq 0.5\text{ml/kg/hour}$ in the 12+ age group
- Need for inotropic support
- This is **SEPTIC SHOCK**

Time:

In addition to senior clinical support at the bedside early involvement of PICU support is encouraged. Where PICU support is not on site a national 24-hour hotline is available for urgent referrals providing advice and arranging transfer – 1800 222 378.

Doctor (Print Name): Doctor Signature:
 MCRN: Date: Time: