

Paediatric Sepsis Form

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



PAEDIATRICS
There are separate sepsis criteria for maternity patients and adults



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

- IV access Time or
- IO access Time

Tick samples taken:

- Blood cultures
- FBC
- Glucose
- Blood gas
- Coag screen incl fibrinogen
- Lactate
- U&E
- LFTs
- CRP
- Urinalysis
- PCRs if available

Urine output assessment/measurement

Early senior input (essential) as per local escalation policy

GIVE 3

Oxygen to achieve saturations $\geq 94\%$ titrating to effect or as appropriate in chronic lung or cardiac disease

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

IV/IO Antimicrobials according to the site of infection and following local antimicrobial guidelines.

Drug name:	Dose:	Time given:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Time Sepsis 6 completed:

Name: MCRN:

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:

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

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: