Sepsis Pathway < 18 years

Clinical Assessment / Management tool for Children and Young People

Assessment and Management – Combined Acute and Primary Care

Child presents with signs and/or symptoms of infection

- ***Think sepsis***, even if they do not have a high temperature
- Be aware that children with sepsis may have non-specific, non-localising presentations
- **Pay particular attention to concerns expressed by the child and family/carer**
- Take particular care in the assessment of children, who might have sepsis, who are unable, or their parent/carer is unable, to give a good history

Consider additional vulnerability to sepsis:

- The very young (<1yr)
- Non-immunised
- Recent (<6 weeks) trauma or surgery or invasive procedure
- Impaired immunity due to illness or drugs
- Indwelling lines/catheters, any breach of skin integrity e.g. any cuts, burns, blisters or skin infections

If at risk of neutropenic sepsis - refer to secondary care

Perform assessment to identify likely source of infection, risk factors and clinical indicators of concern (see below)

Sepsis not suspected

Suspected sepsis

		Low				High
Age		Severe	Moderate	Normal	Moderate	Severe
0-1 yr	HR	<90	90-109	110-160	161-180	>180
	RR	<25	25-29	30-40	41-60	>60
	SBP			80-90		
1-2 yr	HR	<90	90-99	100-140	141-160	>160
	RR	<20	20-24	25-35	36-50	>50
	SBP			85-95		
2-5 yr	HR	<80	81-94	95-140	141-150	>150
	RR	<20	20-24	25-30	31-40	>40
	SBP			85-100		
5-12 yr	HR	<70	70-79	80-120	121-140	>140
	RR	<15	15-19	20-25	26-40	>40
	SBP			90-110		
12 yr +	HR	<50	50-59	60-100	101-130	>130
	RR	<12	13-15	15-20	21-25	>25
	SBP			100-120		

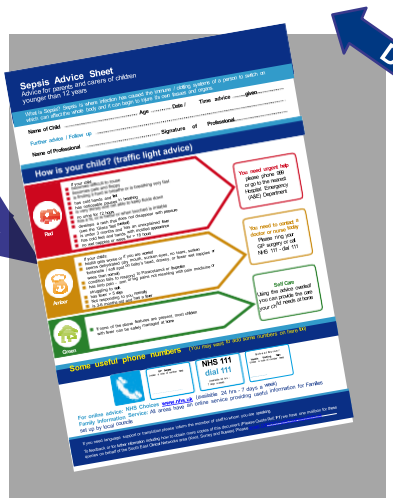
No Moderate or High Risk Criteria met

Clinical Action

Where a definitive condition affecting the child can be identified, use clinical judgment to treat using NICE guidance relevant to their diagnosis when available. **If clinical concern of possible sepsis remains, seek advice even if trigger criteria not met.**

Safety-Netting

- Arrange follow up and re-assessment as clinically appropriate
- Provide information about symptoms to monitor and how to access medical care here
- Consider if there are any issues relating to safeguarding that require action



TWO or more AMBER FLAGS present

- Vital sign in moderate category ☐
- SpO2 ≤ 90-92% ☐
- Abnormal behaviour/reduced activity causing concern ☐
- Reduced urine output /dry nappies ☐
- Leg pain / cold extremities ☐
- Pallor / flushed ☐
- Cap refill time >2 -3 seconds ☐

One or more RED FLAGS present

- Vital sign in severe category ☐
- Looks very Ill to you ☐
- Doesn't wake when roused ☐
- Doesnt stay awake ☐
- Irritable / floppy /AVPU ≤ V ☐
- Weak, high pitched / Continuous Cry ☐
- Non blanching rash /mottled /ashen / cyanosed ☐
- SpO2 ≤ 90% / new need for O2 ☐
- Cap refill time ≥ 3 seconds ☐
- Temperature <36°C ☐
- Temperature ≥38°C if under 3m ☐

1 High risk Red flag present? — YES → **Immediate Action**

NO → **2 Moderate risk Amber flags present?**

YES → **Seek urgent advice from primary care colleague or Paediatrician**

Can a definitive diagnosis be made and treated?

NO → **Urgent Action**

DE-ESCALATE

ESCALATE

Immediate Action

- **Request 999 ambulance and say "Red Flag Sepsis" for fastest response time from Ambulance Service. Send patient urgently to emergency paediatric care service (to a setting that has resuscitation facilities)**
- **Alert hospital and provide clinical data**
- **2222 in hospital**
- **Complete Paediatric Sepsis 6 if sepsis triggered**
- **Escalate as per STRS guideline and liaise with STRS and local Anaesthetics**

Urgent Action

- **Refer immediately for urgent review. Consider 999**
- **Commence relevant treatment to stabilise child for transfer with documentation**
- **Consider 2222 in hospital**
- **If haemodynamically stable, can allow up to 3 hours to gather evidence with bloods and repeat obs prior to commencing Antibiotics and Sepsis 6**

Paediatric Sepsis 6 Bundle: Complete within 1 hour of recognition

1	**Oxygen if required (Aim Sats >92%)**
2	**IV/IO Access & Bloods** *Blood gas, lactate, FBC, U&E, CRP, Coag, LFT, Blood culture, Consider Meningococcal PCR*
3	**Consider IV/IO Antibiotics** *As per local policy. Antivirals may also be required*
4	**Consider IV/IO Fluids** *If lactate >2mmol/L give 20ml/kg bolus (in 10ml/kg aliquots)*
5	**Involve Senior Clinician Early**
6	**Consider Inotropic Support** *If normal physiological parameters not restored after 40ml/kg fluids, discuss with STRS and Anaesthetics*

Version 1: Oct 2022. Review Oct 2025

This guidance has been reviewed and adapted by healthcare professionals across SWL with consent from the Hampshire development groups