# 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 | | |

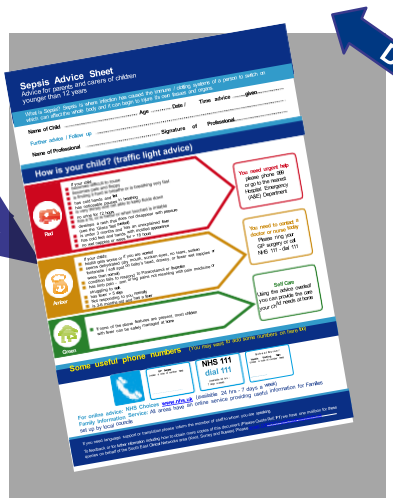
**No Moderate or High Risk Criteria met**

### 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**

- **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**

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**

- **Refer immediately for urgent review according to local pathway (hospital ED or paediatric unit) - 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**

DE-ESCALATE / ESCALATE

### Paediatric Sepsis 6 Bundle: Complete within 1 hour of recognition

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

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