





Paediatric Sepsis Screening Tool

Recognise

Date	Patient ID sticker
Time	
Location	

Coul	d this ch	ild have	an infe	ction? Co	uld it be	sepsis?	Yes/No	Value
000			Look for			осрои.		
Temper	Temperature <36 or >38.5°C (NB >38°C for Oncology patients)			Y/N	°C			
Tachyca	Tachycardia (个HR). Tachypnoea (个RR) - use age appropriate PEWS chart							
Age	<1yr	1-2yrs	3-5yrs	6-11yrs	12-16yr	16+		
HR	>160	>150	>140	>120	>100	>90	Y/N	/min
RR	>50	>50	>40	>25	>20	>20	Y/N	/min
Plus 1 of :				Yes / No				
Altered mental state: Sleepy, floppy, lethargic or irritable								
Mottled skin OR prolonged capillary refill time OR 'flash' capillary refill time								
Clinical concern regarding possible sepsis – seek review if significant concern								
even if trigger criteria not met.								
Site/source: Confirmed / Suspected (please circle)								
(BEWARE : The following are at particular RISK : Neonate / Immunocompromised / Recent Burn.)								
Are 2+1 criteria present?					Yes	/ No		
If YES, THINK SEPSIS: This is an emergency								
Immediate Senior Clinician review (ST4+) and follow Sepsis 6 (see below)								
If senior decision not to proceed to sepsis 6 immediately, document overleaf.								
If NO: SEPSIS UNLIKELY: Document your clinical impression overleaf								
Date :	Tir	ne :			Sign :			

	Pa	Paediatric Sepsis 6: Achieve the following within 1 hr Refer to SORT sepsis pathway (www.sort.nhs.uk)				
D	1	Give High Flow Oxygen				
c	2	Record Blood Pressure and start urine collection (fresh nappy)				
Respond	3	Obtain iv/io access				
	4	Take blood cultures, blood gas (include glucose & lactate)				
8	5	Give iv Ceftriaxone 80mg/kg * (see overleaf)				
		Think: If neutropaenic / immunocompromised / neonate, USE local guidance.				
	6	Fluid Resuscitation if required: 20ml/kg 0.9% Saline, reassess and repeat as				
		required.				

		Within 1 hour of treatment	Yes/No
SS	1	HR or RR still above age specific normal range or CRT >3 seconds	
a)	2	Venous (or arterial) Lactate >2	
SS	3	Signs of fluid overload (hepatomegaly, desaturations, crepitations)	
Reasses		ES" to ANY of above, Escalate Care to Consultant +/- ITU +/- SORT	

documented observations for the first 4 hours.







*If clear source of infection, treat with condition specific antibiotic(s) (consult Microguide)

In 'red flag' sepsis of unknown source or septic shock, give 80mg/kg Ceftriaxone

<1month of age, give Cefotaxime iv and Amoxicillin iv</p>

In SEVERE or LIFE THREATENING Penicillin allergic patients, give Meropenem

<u>ALL inpatients</u> require a <u>review of ANY antibiotic therapy</u>, <u>for ANY indication</u>, documented in the medical notes or electronically

(e.g. on Doctors Worklist), 48-72 hours (i.e. day 3) after antibiotic therapy was commenced.

The review may document decision to de-escalate and/or switch IV to PO therapy, (e.g. in response to Microbiology results and/or improved

clinical status and/or a change in diagnosis), or justify continuation of current antibiotic therapy, noting next review or stop date.

Document Clinical Decisions :				

Call for senior help:

C	Current presentation
3	Criteria identified
В	Any "high risk" factors (eg neonate, immunocompromised, oncology, steroids, indwelling line,
	recent burn, recent chicken pox)
Λ	Sepsis : Infection + Systemic Inflammatory Response Syndrome (tachycardia, tachypnoea, core
A	temperature >38.5C or <36C, white cell count elevated or depressed for age)
	Severe sepsis: Sepsis plus one of the following; cardiovascular dysfunction OR acute respiratory
	distress syndrome OR two or more other organ dysfunctions)
	Septic shock : Severe sepsis with cardiovascular dysfunction.
	Decompensation
D	Attend or advice sought?
K	Shall I call SORT?