

Paediatric Sepsis Screening Tool	Date	Patient ID sticker
	Time	
	Location	

Recognise	Could this child have an infection? Could it be sepsis?		Yes/No	Value
	Look for 2 of:			
	Temperature <36 or >38.5°C (NB >38°C for Oncology patients)		Y/N	°C
	Tachycardia (↑HR). Tachypnoea (↑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 :	Time :	Sign :		

Respond	Paediatric Sepsis 6: Achieve the following within 1 hr		Time	Sign
	Refer to SORT sepsis pathway (www.sort.nhs.uk)			
	1	Give High Flow Oxygen		
	2	Record Blood Pressure and start urine collection (fresh nappy)		
	3	Obtain iv/io access		
	4	Take blood cultures, blood gas (include glucose & lactate)		
	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.			

Reassess	Within 1 hour of treatment		Yes/No
	1	HR or RR still above age specific normal range or CRT >3 seconds	
	2	Venous (or arterial) Lactate >2	
	3	Signs of fluid overload (hepatomegaly, desaturations, crepitations)	
If "YES" to ANY of above, Escalate Care to Consultant +/- ITU +/- SORT :02380 775502			
If patient Stabilised – Admit to ward / HDU, review at least hourly with documented observations for the first 4 hours.			

