

Paediatric Sepsis Six — A&E

Use your clinical judgement when assessing a child. Not all children with suspected or proven infection has sepsis, however rapid initiation of simple timely treatment following recognition of sepsis is key to improved outcomes.

Recognition of a child at risk:

	Amber—intermediate risk	Red—high risk
Colour (of skin)	<ul style="list-style-type: none"> • Pallor reported by parent/carer 	<ul style="list-style-type: none"> • Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> • Not responding normally to social cues • No smile • Wakes only with prolonged stimulation • Decreased activity 	<ul style="list-style-type: none"> • No response to social cues • Appears ill to a healthcare professional • Does not wake or if roused does not stay awake • Weak, high-pitched or continuous cry
Respiratory	<ul style="list-style-type: none"> • Nasal flaring • Tachypnoea • Oxygen saturation $\leq 95\%$ in air • Crackles in the chest 	<ul style="list-style-type: none"> • Grunting • Tachypnoea • Moderate or severe chest indrawing
Circulation and hydration	<ul style="list-style-type: none"> • Tachycardia • CRT ≥ 3 seconds • Dry mucous membranes • Poor feeding in infants • Reduced urine output 	<ul style="list-style-type: none"> • Reduced skin turgor
Other	<ul style="list-style-type: none"> • Age 3-6 months, temperature $\geq 39^\circ\text{C}$ • Fever for ≥ 5 days • Rigors • Swelling of a limb or joint • Non-weight bearing limb/not using an extremity 	<ul style="list-style-type: none"> • Age < 3 months, temperature $\geq 39^\circ\text{C}$ • Non-blanching rash • Bulging fontanelle • Neck stiffness • Status epilepticus • Focal neurological signs • Focal seizures

Patient Details

Patient Name:

DOB:

Hospital No:

Apply lower threshold to children:

- < 3 months
- With long term condition,
- had recent surgery
- are immunocompromised

THINK: Could this child have SEVERE SEPSIS or SEPTIC SHOCK

If in doubt consult a senior clinician

Sepsis not certain

	Date/time	Sign
Not Sepsis Document reasons		
Unsure		

Doctor review within 1 hour and reconsider sepsis

HIGH CERTAINTY OF SEPSIS

	Date/time	Sign
Respond with Paediatric Sepsis 6		

Complete Paediatric Sepsis Six overleaf

Definitions (adapted from the international paediatric sepsis consensus conference definitions):

- Infection**
 - Proven infection by positive culture, microscopy or PCR test caused by any pathogen **OR**
 - Clinical syndrome associated with a high probability of infection, as evidenced from clinical examination, imaging or laboratory tests
- Sepsis**
 - Infection + Systemic Inflammatory Response Syndrome (tachycardia, tachypnoea, core temperature $> 38.5^\circ\text{C}$ or $< 36^\circ\text{C}$, 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 (respiratory, renal, neurologic, hematologic or hepatic)
- Septic Shock**
 - Severe Sepsis with cardiovascular dysfunction

Paediatric Sepsis 6

Paediatric Sepsis Six is an operational tool to help the initial steps of management in a simple and timely fashion.

COMPLETE ALL ELEMENTS WITHIN 1 HOUR

	Date/time	Sign
1. Give high flow oxygen		
2. Obtain IV/IO access and take blood tests <ul style="list-style-type: none"> Blood cultures Blood glucose – treat low blood glucose Blood gas (including lactate) and blood tests (FBC/CRP) 		
3. Give IV or IO antibiotics <ul style="list-style-type: none"> Broad spectrum cover as per local policy 		
4. Consider fluid resuscitation <ul style="list-style-type: none"> Aim to restore normal circulating volume and physiological parameters Titrate 20ml/kg isotonic fluid (n/saline) over 5-10 min and repeat if necessary Caution with fluid overload: Examine for crepitations & hepatomegaly 		
5. Involve consultants early/Consider liaison with STRS (0207 188 5000)		
6. Consider inotropic support early <ul style="list-style-type: none"> If normal physiological parameters are not restored after ≥40ml/kg fluids NB adrenaline or dopamine may be given via peripheral IV or IO access Consider ventilatory support 		

In addition:

- Continue PEWS chart
- Record all vital signs including blood pressure
- Handover to ward

Differential Diagnosis _____

Document below any reason(s) for variation from the Paediatric Sepsis 6:

Met recognition of child at risk criteria but not initiated on Paediatric Sepsis 6

Recognised as having high certainty of having sepsis but 1 or more element not completed