Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Paediatric Sepsis Six — Inpatients

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.

Patient Details

Patient Name: .....

DOB: .....

Hospital No: .....

Recognition of a child at risk:

	Amber—intermediate risk	Red—high risk
Colour (of skin	• Pallor reported by parent/carer	• Pale/mottled/ashen/blue
Activity	• Not responding normally to social cues • No smile • Wakes only with prolonged stimulation • Decreased activity	• 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	• Nasal flaring • Tachypnoea • Oxygen saturation ≤95% in air • Crackles in the chest	• Grunting • Tachypnoea • Moderate or severe chest indrawing
Circulation and hydration	• Tachycardia • CRT ≥3 seconds • Dry mucous membranes • Poor feeding in infants • Reduced urine output	• Reduced skin turgor
Other	• Age 3-6 months, temperature ≥39°C • Fever for ≥5 days • Rigors • Swelling of a limb or joint • Non-weight bearing limb/not using an extremity	• Age < 3 months, temperature ≥39°C • Non-blanching rash • Bulging fontanelle • Neck stiffness • Status epilepticus • Focal neurological signs • Focal seizures

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):

1. **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
2. **Sepsis** - Infection + Systemic Inflammatory Response Syndrome (tachycardia, tachypnoea, core temperature > 38.5°C or <36°C, white cell count elevated or depressed for age
3. **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)
4. **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 AND 30 MINUTES

	Date/time	Sign
1. **Give high flow oxygen**		
2. **Obtain IV/IO access and take blood tests**		

- Blood cultures
- Blood glucose – treat low blood glucose
- Blood gas (including lactate) and blood tests (FBC/CRP)

3. **Give IV or IO antibiotics**		

- Broad spectrum cover as per local policy

4. **Consider fluid resuscitation**		

- 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**		

- 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 ☐

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