

PAEDIATRIC SEPSIS SCREENING TOOL	Date	Patient ID sticker
	Time	
	Location	

Recognise	Could this child have an infection? Could it be sepsis? Look for 2 of:	Yes / No	Value
	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 12–16yrs 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 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? If YES, THINK SEPSIS: This is an emergency		Yes / No	
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 Refer to SORT sepsis pathway (www.sort.nhs.uk)	Time	Sign
	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: 02380775502 If patient stabilised – admit to ward/HDU, review at least hourly with documented observations for the first 4 hours	

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