Sepsis Pathway

Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Initial Assessment

- Any child presenting with suspected infection. Think sepsis.
- Abnormal observations with no clinical cause. Think sepsis.
- Sepsis can be hard to spot and symptoms can be vague.
- Think sepsis if a child looks very unwell, is deteriorating or has abnormal observations.
- Sepsis can present like other conditions, including flu or a chest infection
- Sepsis can be especially hard to spot in babies and young children, children and young people with a learning disability and families who have difficulty communicating (or English is not their first language)
- Pay attention to families and carers concerns

Risk Factors

- The very young (<1 year old, particularly if <3 months)
- Non-immunised or incomplete immunisations
- Recent (<6 weeks) trauma or surgery or invasive procedure
- Impaired immunity due to illness or drugs (like chemotherapy)
- Recently had a serious illness (including chicken pox)
- Indwelling lines/catheters, any breach of skin integrity
- Chronic disease (neuro disability or chest disease, for example cystic fibrosis)

CLINICAL FINDINGS	GREEN – sepsis not suspected	AMBER - possible sepsis	RED - sepsis suspected
Respiratory	• Normal respiratory rate (RR) for age - see APLS aide memoire • No respiratory distress • Oxygen saturations sats ≥ 95%	• Tachypnoea - see APLS aide memoire • Oxygen saturation <92% in air • Signs of mild respiratory distress (i.e. nasal flaring, mild chest recession)	• Tachypnoea: - see APLS aide memoire • Unexplained tachypnoea • Oxygen saturations < 90% • Signs of moderate or severe respiratory distress (i.e. moderate or severe chest recession, grunting, apnoea)
Circulation and Hydration	• Normal heart rate (HR) for age - see APLS aide memoire • Central capillary refill < 2 seconds • No signs of dehydration • Has passed urine in last 12 hours • Normal skin and eyes	• Tachycardia - see APLS aide memoire • Central capillary refill 2-3 seconds • Mild signs of dehydration • Has not passed urine in last 12 hours • Cold hands or feet	• Severe or persistent or unexplained tachycardia - see APLS aide memoire • Bradycardia <60 • Central capillary refill >3 seconds • Moderate or severe signs of dehydration - reduced skin turgor, sunken eyes, sunken fontanelle • Very reduced or no urine output • Hypotension – see APLS aide memoire
Colour and Activity	• Normal colour of skin, lips and tongue • Responds normally to social cues • Stays awake or awakens quickly • Content / smiles • Strong normal cry / not crying	• Pallor reported by parent/carer • Reduced response to social cues • Wakes only with prolonged stimulation • Decreased activity • Poor feeding in infants (less than half usual amount)	• Pale/mottled/ashen/blue • Non-blanching rash • No response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill to a healthcare professional
Other symptoms, and signs	No amber or red symptoms or signs	• Age 3-6 months temp ≥ 39°C with no clear focus of infection (unless fever in 48 hours of Men B vaccine & no other amber or red features, consider safety netting if clinically well) • Age over 3 months temp <36°C • Fever for ≥ 5 days • Swelling of a limb or joint, or leg pain • Non-weight bearing or not using an extremity • Parental concern	• Age under 3 months temp ≥ 38°C or < 36°C (unless fever in 48 hours of Men B vaccine & no other red features) • Bulging fontanelle or neck stiffness • Focal seizures or Focal neurological signs • Bile-stained vomiting **Note: Children under 1 month of age are at highest risk of sepsis / meningitis**

GREEN ACTION	AMBER URGENT ACTION	RED IMMEDIATE ACTION
• Where a definitive condition affecting the child can be identified, use clinical judgment to treat using NICE guidance relevant to their diagnosis when available. • **If clinical concern of possible sepsis remains, seek advice even if trigger criteria not met** • Arrange follow up and re-assessment as clinically appropriate • Provide written and verbal advice, see our page on sepsis	• Refer immediately for urgent review according to local pathway (hospital ED or Paediatrician unit) • Alert Paediatrician • Commence relevant treatment to stabilise child for transfer	• Give oxygen • Commence relevant treatment to stabilise child for transfer • Refer immediately for emergency medical care by the most appropriate means of transport (usually 999 ambulance) • Alert Paediatrician / Paediatric ED

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups