

Patient name
DOB
Hospital number
Please affix label

Paediatric Sepsis 6

Date:

**Child unwell? CEWS concern?
 THINK Could this be Sepsis?**

Recognition of child at risk

If a child with suspected or proven infection AND at least 2 of (or 1 if immunocompromised):

- Core temperature of <36°C or >38.5°C (38.0°C if immunocompromised)
- Tachycardia (refer to Early Warning Score)
- Altered mental state (sleepiness, irritability, lethargy, floppiness)
- Prolonged capillary refill (> 2s)

OR

Red flag signs (Any 1 flag present)

- Hypotension
- Lactate >2mmol/l
- Extreme tachycardia/tachypnoea
- SpO2 <90%/grunting/cyanosis/apnoea
- P or U on AVPU
- Immunocompromised
- Non blanching rash/mottled skin

CONSULT DOCTOR OR CSP – COULD THIS CHILD HAVE SEPSIS OR SEPTIC SHOCK?

START TIME	Yes or high suspicion – start Sepsis 6	
Commence all elements within 1 hour	1] Give high flow oxygen	Time Sign
	2] Obtain IV/IO access and take blood tests	Time Sign
	<ul style="list-style-type: none"> ● Blood gas and lactate (+/- FBC, U&E, CRP if able) ● Blood glucose – treat hypoglycaemia (2mls/kg 10% glucose) ● Blood cultures 	
	3] Give IV or IO antibiotics (PTO for guidelines)	Time Sign
	4] Consider fluid resuscitation	Time Sign
	<ul style="list-style-type: none"> ● Aim to restore normal physiological parameters, U/O >0.5mls/kg/hr ● Give 10-20ml/kg isotonic fluid over 5-10 mins ● Repeat as necessary, monitor urine output 	
END TIME	5] Involve senior clinicians early	Time Sign
	<ul style="list-style-type: none"> ● Own team Consultant (Consider CSP/ICON) 	
	6] Consider inotropic support early	Time Sign
	<ul style="list-style-type: none"> ● If normal physiological parameters not restored after ≥40ml/kg fluids consider ICU admission 	

No or unsure		
Review hourly and document below		
■ Not sepsis – document reasons	Time	Sign
■ Unsure – review within 1 hour	Time	Sign
REVIEW WITHIN 1 HOUR (Repeat obs every 30mins)		
■ Not sepsis – document reasons	Time	Sign
■ Sepsis – start Sepsis 6	Time	Sign
■ Unsure – review within 1 hour	Time	Sign
REVIEW WITHIN 1 HOUR (Repeat obs every 30mins)		
■ Not sepsis – document reasons	Time	Sign
■ Sepsis – start Sepsis 6	Time	Sign
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REVIEW WITHIN 1 HOUR (Repeat obs every 30mins)		
■ Not sepsis – document reasons	Time	Sign
■ Sepsis – start Sepsis 6	Time	Sign
■ Unsure – review within 1 hour	Time	Sign
REVIEW WITHIN 1 HOUR		

Is there a likely source of infection?

- | | | | |
|-------------------------------------------------------------|------------------------------------------|--------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Yes, but source unclear at present | <input type="checkbox"/> Line infection | <input type="checkbox"/> VP shunt | <input type="checkbox"/> Pneumonia/likely chest source |
| <input type="checkbox"/> Meningitis/encephalitis | <input type="checkbox"/> Intra-abdominal | <input type="checkbox"/> Urinary tract infection | |
| <input type="checkbox"/> Febrile Neutropenia | <input type="checkbox"/> Surgical Site | <input type="checkbox"/> Other – details | |

Please put all completed Sepsis 6 forms into the Sepsis boxes on your ward. These will be filed in the patient notes after review. Any questions, please contact Claire Fraser or Rhiannon Follett on ext 8480

THIS GUIDANCE IS FOR EMPIRIC ANTIBIOTIC TREATMENT FOR SEPSIS WITHOUT A CLEAR FOCUS. IF PRE-EXISTING ANTIBIOTIC PLAN EXISTS, THIS SHOULD BE FOLLOWED.

Antibiotics should be given within the first hour of diagnosis of sepsis.

Discuss urgently with senior member of admitting team or microbiology if any of the following apply:

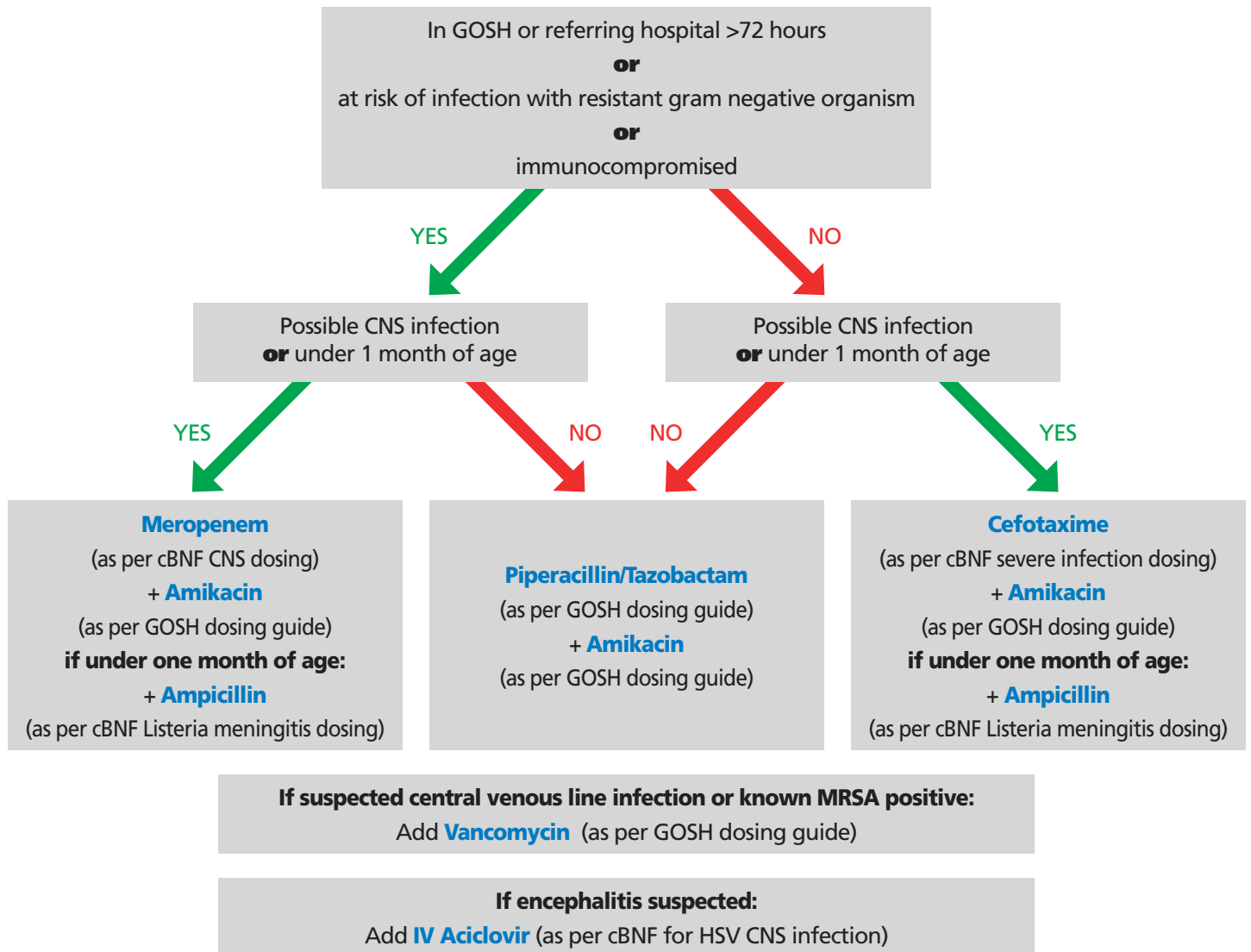
- Already on antibiotics (prophylaxis or treatment)
- Any contra-indication to the antibiotics recommended in this guidance (allergy, intolerance, interactions, toxicity)
- If known to be colonised with resistant organism or previously treated for infection with a resistant organism (MRSA/VRE/ESBL/CRO)
- If possible neurosurgical shunt infection discuss urgently with microbiology on call

For urgent micro advice call SpR ext 5282 9am-5pm Mon to Fri.

Outside of hours or if ext 5282 not available, call consultant on call for microbiology via switchboard.

Therapy should be modified according to GOSH antibiotic guidelines as soon as the focus of infection is confirmed.

These guidelines are available at:



Antibiotic should be reviewed within 48 hours of initiation.

Possible risk factors for resistant gram negative infection include:

- Prolonged hospital stay (currently or in the past)
- Multiple/prolonged courses of antibiotics

Doctor to document reason(s) for variation from GOSH Paediatric Sepsis 6: