

# Sepsis Pathway < 18 years

Clinical Assessment / Management tool for Children and Young People



## Assessment and Management – Out of Hospital Setting

### Child presents with signs and/or symptoms of infection

- **Think sepsis**, even if they do not have a high temperature
- Be aware that children with sepsis may have non-specific, non-localising presentations
- **Pay particular attention to concerns expressed by the child and family/carer**
- Take particular care in the assessment of children, who might have sepsis, who are unable, or their parent/carer is unable, to give a good history

### Consider additional vulnerability to sepsis:

- The very young (<1yr)
  - Non-immunised
  - Recent (<6 weeks) trauma or surgery or invasive procedure
  - Impaired immunity due to illness or drugs
  - Indwelling lines/catheters, any breach of skin integrity e.g. any cuts, burns, blisters or skin infections
- If at risk of neutropenic sepsis - refer to secondary care**

Perform assessment to identify likely source of infection, risk factors and clinical indicators of concern (see below)

Sepsis not suspected

Suspected sepsis

### Stratify risk of severe illness and death from sepsis using risk criteria

Table 1

Moderate to High Risk					RISK CRITERIA	High Risk						
<b>Look for 2 of:</b>												
<1	1-2	3-5	6-11	12-17	AGE (yr)	<1	1-2	3-5	6-11	12-17	Any CYP	
50-59	40-49	30-39	22-29	21-24	Resp Rate (brpm)	>60	>50	>40	>30	>25		
<91% in air or increased oxygen requirement				<92% in air or increased oxygen requirement		<90% in air or increased oxygen requirement						
150-159	140-149	130-139	120-129	90-100	O <sub>2</sub> sat							
3-6 months >39°C					Heart Rate (bpm)	>160	>150	>140	>120	>100	<60	
						Temperature	Less than 3 months (or oncology patient) >38°C					
						<b>Plus 1 of:</b>						
<ul style="list-style-type: none"> <li>• Not responding normally to social cues e.g. no smile</li> <li>• Wakes only with prolonged stimulation</li> <li>• Decreased activity</li> <li>• Poor feeding in infants</li> <li>• Parent or carer concern that the child is behaving differently than usual</li> <li>• Limb pain</li> </ul>					Activity/ Behaviour	<ul style="list-style-type: none"> <li>• Altered behaviour or mental state:                             <ul style="list-style-type: none"> <li>- No response to social cues</li> <li>- Does not wake or if roused does not stay awake</li> </ul> </li> <li>• Weak, high pitched or continuous cry</li> <li>• Appears ill to a healthcare professional</li> </ul>						
• Nasal flaring					Respiratory	<ul style="list-style-type: none"> <li>• Grunting</li> <li>• Apnoea</li> </ul>						
<ul style="list-style-type: none"> <li>• CRT &gt; =3 seconds or flash fill</li> <li>• Pale or flushed</li> <li>• Pallor of skin, lips or tongue</li> <li>• Cold hands or feet</li> <li>• Dry mucous membranes</li> <li>• Reduced urine output</li> </ul>					Circulation/ Hydration	<ul style="list-style-type: none"> <li>• Appearance of skin: mottled, ashen or cyanotic</li> <li>• Cyanosis of lips or tongue</li> </ul>						
					Skin	• Non-blanching rash of skin						

RECORD ALL CLINICAL FINDINGS

No Moderate or High Risk Criteria met

### Clinical 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.**

### Safety-Netting

- Arrange follow up and re-assessment as clinically appropriate
- Provide information about symptoms to monitor and how to access medical care
- Consider if there are any issues relating to safeguarding that require action



Fever Safety netting sheet

Are 2 + 1 Criteria for High Risk met?

YES

**Immediate Action**

- Request 999 ambulance and say "Red Flag Sepsis" for fastest response time from Ambulance Service. Send patient urgently to emergency paediatric care service (to a setting that has resuscitation facilities)
- Where possible, alert hospital and provide clinical data
- If meningococcal septicaemia is suspected I.M benzylpenicillin must be administered

Are 2 + 1 Criteria for moderate to High Risk/High risk met?

YES

**Urgent Action**

- Refer immediately for urgent review according to local pathway (hospital ED or paediatric unit) - consider 999
- Alert Paediatrician
- Commence relevant treatment to stabilise child for transfer
- Send relevant documentation

Seek urgent advice from primary care colleague or Paediatrician. Can a definitive diagnosis be made and treated in an out of hospital setting?

NO

NO

YES