

Patient's Name
 Patient's Address

 Date of Birth Hospital No
 Consultant

Assessor's name
 Signature and Grade

 Date Time

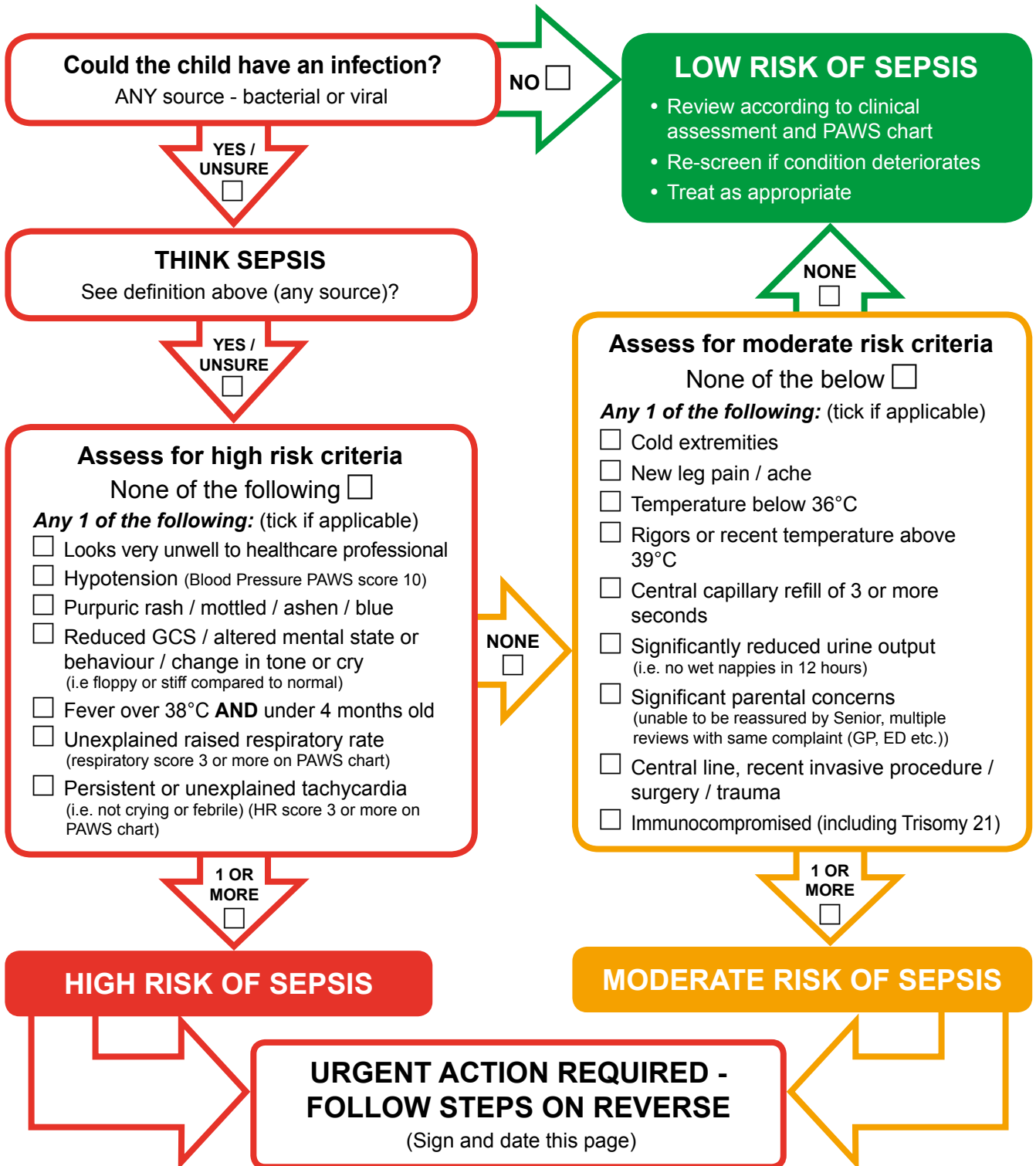


The Leeds Teaching Hospitals
 NHS Trust

CONSIDERING SEPSIS IN PAEDIATRICS

To be completed on admission or if deteriorates (e.g. new PAWS of 10 or more)

Sepsis is a severe life-threatening organ dysfunction due to dysregulated host response to infection. Sepsis in children may mimic other common illnesses and we need to be vigilant to ensure that it is not missed.
In congenital and iatrogenic neutopaenia, use Neutropenic Sepsis Pathway.



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Sudden reduction to GCS, bradycardia, persistent severe respiratory distress, or any significant concerns:

Paediatric Medical Emergency call 2222

1) Contact Senior Decision Maker urgently

(ED CT3 / Paeds ST4 / or equivalent / above)

To attend within 30 minutes for moderate risk patients and immediately for high risk patients - sign when contacted

Signature / Name

Time

2) If child is unwell, apply oxygen

(15 L/min via non-rebreathe mask), unless contraindicated

Signature / Name

Time

Senior Decision Maker assessment

Please document decision making clearly in the notes

- a. Clinical sepsis - manage as appropriate below
- b. Possible sepsis or Serious Bacterial Infection without evidence of sepsis - consider management as below, period of observation, consider blood tests and / or blood gas to aid in assessment
- c. Alternative diagnosis - STOP pathway, manage as appropriate

Signature / Name

Arrival Time

SUBSEQUENT MANAGEMENT

IV / Intraosseous Access

(Consider IO after 2 attempts IV)

Bloods sent for **Blood Culture**, FBC, U&E, LFT, cap / venous blood gas, lactate, CRP, pneumococcal and meningococcal PCRs, calcium, clotting, glucose

Signature / Name

Time

Give IV / Intraosseous Antibiotics within 60 minutes

Check Allergy status

Use antibiotics as appropriate for guidelines and clinical decision making

Signature / Name when complete

Time decision made to treat as sepsis and antibiotics prescribed

Time given

Consider IV / Intraosseous Fluids

20 mL / kg 0.9% sodium chloride

If CRT 3 or more seconds, hypotensive or lactate 4 mmol / L or more

Tick to indicate BP being monitored

Time of any fluid boluses

Consider Inotropic Support / PICU review

Definitely if remains hypotensive despite ≥ 40 mL / kg of fluid

Let Paediatric Consultant / ED Consultant know if needing ≥ 40 mL / kg of fluid and explain "SEPTIC CHILD"

Time contacted consultant

Time contacted PICU (if needed)

Further management may include Lumbar Puncture, Chest radiograph, Urinalysis. Urine culture and LP should be pre-antibiotics in infants if possible

Antimicrobial review needs clearly documenting in the notes within 72 hours of commencing IV antibiotics