Paediatric Sepsis 6

Severe sepsis is a CLINICAL EMERGENCY. Early treatment improves outcomes.

STOP

Recognition: A child with suspected or proven infection AND at least 2 of the following:

- Core temperature < 36°C or > 38°C (observed or reported in previous 4 hours)
- Inappropriate tachycardia   (Refer to National PEWS)
- Altered mental state   (including: sleepiness / irritability / lethargy / floppiness)
- Reduced peripheral perfusion / prolonged capillary refill / cool or mottled peripheries

THINK

Reduce Threshold:
Some children are at higher risk of sepsis. You may consider treatment with fewer signs than above. These include, but are not restricted to;

- Infants < 3/12
- Immunosuppressed / Immunocompromised / chemotherapy / long term steroids
- Recent surgery
- Indwelling devices / lines
- Complex neurodisability / Long term conditions (may not present with high PEWS but observations may vary from their baseline)
- High index of clinical suspicion (tachypnoea, rash, leg pain, biphasic illness, poor feeding)
- Significant parental concern

Think is this SEPSIS? If yes

DO

0 min

15 min
ideal

60 min
acceptable

Respond with Paediatric Sepsis 6 within 1 hour:

1. **Give high flow oxygen**

2. **Obtain intravenous or intraosseous access and take blood tests:**

    - Blood cultures
    - Blood glucose - treat low blood glucose
    - Blood lactate (or gas)

3. **Give IV or IO antibiotics:** Broad spectrum as per local policy

If shocked:

4. **Consider fluid resuscitation:**

    - Titrate 20 ml/kg isotonic fluid over 5 - 10 min and repeat if necessary
    - Aim to reverse shock – trend to normal heart rate, BP and peripheral perfusion
    - assess for fluid overload after ≥ 40 ml/kg fluids.
    - If no signs of fluid overload and remains shocked titrate further 20mls/kg fluid

5. **Consider inotropic support early:**

    - Adrenaline (reconstitute whilst administering 3rd fluid bolus. 0.3mg/kg in 50mls 5% dextrose. Commence 1ml/hr = 0.1mic/kg/min).

    - Can be given via peripheral IV or IO access

6. **Involve senior clinicians / specialists early**
    - Discuss with PICU if inotropes commenced