

Paediatric Sepsis 6

Severe sepsis is a **CLINICAL EMERGENCY**. Signs and symptoms of sepsis in children can be subtle and deterioration to shock rapid. Early initiation of simple treatment has been shown to improve outcomes.

YOU CAN MAKE A DIFFERENCE

All elements should be completed within 1 hour:

Recognition:

Any child with Suspected or Proven Infection AND at least 2 of the following:

- Core Temperature < 36°C or > 38°C
- Tachycardia *
- Altered mental state (including sleepy / irritable / lethargy)
- Reduced Peripheral Perfusion / Prolonged Capillary Refill

Respond with Paediatric Sepsis 6:

1. Provide Supplemental Oxygen
2. Obtain intra-venous or intra-osseous access and take blood tests:
 - a. Blood Cultures
 - b. Blood Glucose - treat low blood glucose
 - c. +/- FBC, +/- blood gas as able for baseline
3. Give Antibiotics:
 - Broad spectrum cover as per local policy
4. Consider Fluid Resuscitation:
 - Aim to restore normal circulating volume and physiological parameters *
 - Titrate 20 ml/kg crystalloid over 5 - 10 min and repeat if necessary †
5. Involve Senior Clinicians / Specialists early
6. Consider Inotropic Support early:
 - If normal physiological parameters are not restored after ≥ 40 ml/kg fluids
 - NB adrenaline or dopamine may be given via peripheral IV or IO access

Record:

- Time at Diagnosis of Sepsis
- Time when Antibiotic given
- Time when Paediatric Sepsis 6 elements completed

Date:

* Refer to local paediatric physiological parameters / early warning criteria / APLS Guidance

† Hepatomegaly and Crepitations on chest auscultation may indicate fluid overload - titrate fluids accordingly