

# 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 3<sup>rd</sup> 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