



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PAEDIATRIC  
CARE



# Paediatric Sepsis 6

[www.scottishpatientsafetyprogramme.scot.nhs.uk](http://www.scottishpatientsafetyprogramme.scot.nhs.uk)

Severe sepsis is a

***CLINICAL  
EMERGENCY!***

Early treatment  
improves outcomes

**STOP  
THINK  
DO**

# STOP

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

- Core temperature  $< 36^{\circ}\text{C}$  or  $> 38^{\circ}\text{C}$
- Inappropriate tachycardia
- Altered mental state(including: sleepiness / irritability / lethargy / floppiness)
- Reduced peripheralperfusion / 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 / compromised
- Recent surgery
- Indwelling devices / lines
- Complex neurodisability / Long term conditions
- High index of clinical suspicion (tachypnoea, rash, leg pain, biphasic illness, poor feeding)
- Significant parental concern

# DO

Respond with Paediatric Sepsis 6 (within 1 hour);

1. Give high flow oxygen
2. Obtain IV or IO 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

# DO

If shocked:

## 4. Treat shock aggressively with 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, peripheral perfusion.
- Assess for fluid overload after  $\geq$  40 ml/kg fluids.
- If no signs of fluid overload and remains shocked titrate further 20mls/kg fluid

# DO

If shocked:

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

# DO

If shocked:

6. Involve senior clinicians / specialists early:

- Discuss with PICU if inotropes commenced



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