

PATIENT DETAILS:

DATE:

TIME:

NAME:

HOSPITAL:

DESIGNATION:

SIGNATURE:

01 START IF CHILD LOOKS UNWELL, IF THERE IS PARENTAL CONCERN OR PEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

- Recent trauma / surgery / invasive procedure
- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Indwelling lines / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

YES

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

YES

- Doesn't wake when roused / won't stay awake
- Looks very unwell to healthcare professional
- Weak, high-pitched or continuous cry
- Severe tachycardia (see chart)
- Severe tachypnoea (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C
- If under 3 months, temperature >38°

YES

RED FLAG SEPSIS
START PAEDIATRIC SEPSIS SIX (PTO)

04 ANY AMBER FLAG PRESENT?

NO

- Not responding normally / no smile
- Reduced activity / very sleepy
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1 ml/kg/h if catheterised)
- Leg pain or cold extremities
- Immunocompromised

YES

FURTHER REVIEW REQUIRED:

- SEND BLOODS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

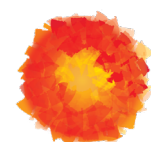
TIME OF REVIEW: ■■ :■■■

ANTIBIOTICS REQUIRED:

Yes No

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

Age (years)	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
<1	≥60	50-59	≥160	150-159
1-2	≥50	40-49	≥150	140-149
3-4	≥40	35-39	≥140	130-139



THE UK SEPSIS TRUST

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COMPLETE ALL ACTIONS WITHIN ONE HOUR

01

ENSURE SENIOR CLINICIAN ATTENDS

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY. A SENIOR DECISION MAKER MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE. RECORD DECISIONS BELOW

NAME:

GRADE:

TIME

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02

OXYGEN IF REQUIRED

START IF O₂ SATURATIONS LESS THAN 92% OR EVIDENCE OF SHOCK

TIME

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03

OBTAIN IV / IO ACCESS, TAKE BLOODS

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING, LUMBAR PUNCTURE IF INDICATED

TIME

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04

GIVE IV / IO ANTIBIOTICS

MAXIMUM DOSE BROAD SPECTRUM THERAPY
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS

TIME

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05

CONSIDER IV / IO FLUIDS

IF LACTATE IS ABOVE 2 mmol/L GIVE FLUID BOLUS 20 ml/kg WITHOUT DELAY
IF LACTATE >4 mmol/L CALL PICU. (10ml/kg neonates, REPEAT IF REQUIRED)

TIME

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06

CONSIDER INOTROPIC SUPPORT

CONSIDER INOTROPIC SUPPORT IF NORMAL PHYSIOLOGY IS NOT RESTORED AFTER ≥20 mL/kg FLUID (10 mL/kg IN NEONATES), CALL PICU OR A REGIONAL CENTRE URGENTLY

TIME

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RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

RECORD ADDITIONAL NOTES HERE:

e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making, variance from Sepsis Six