Paediatric Sepsis triage screening tool

Severe sepsis is a **CLINICAL EMERGENCY**. Signs and symptoms of sepsis in children can be subtle and deterioration to shock rapid. Seek review if you are significantly worried despite not triggering on tool below.

Patient Name: **Date of Birth:** **Trust ID / NHS no:**

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Recognition

Child suspected to have an infection (consider in a child with fever or hypothermia) and 1 of – complete Y / N and value boxes**:**

Age (years)	< 1	1 – 2	3 – 5	6 – 11	12 – 16	16+	Y or N	Value
HR /min	>160	>150	>140	>120	>100	>90	Y / N	
RR / min	>60	>50	>40	>25	>20	>20	Y / N	

PLUS 1 of:	Y or N
Altered mental state: sleepy, floppy, lethargic, irritable	Y / N
Mottled skin OR **prolonged capillary refill time** OR '**flash' capillary refill time** OR **limb pain**	Y / N
Clinical concern regarding possible sepsis	Y / N

NB. Be alert to high risk groups – neonates, immunocompromised, recent burns, trauma or surgery, recent chicken pox, patients with complex needs e.g. cerebral palsy, Trisomy 21

Actions

Does the screen above suggest SEPSIS or SEPTIC SHOCK?

Y / N	Time	Name

1. **Inform Nurse in Charge**
2. **NIC to arrange senior clinical review by ST4+ level clinician**
3. **If sepsis confirmed / suspected – refer to Septicaemia guideline for ongoing actions**

Senior clinical review outcome:	Name / Signature / grade
Managed as sepsis – see CED clinical record Date and time patient reviewed:	
Not managed as sepsis – see CED clinical record Date and time patient reviewed:	

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