

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:

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, Down Syndrome

Actions

Does the screen above suggest **SEPSIS**
or **SEPTIC SHOCK?**

Y / N	Time	Name

1. Inform Nurse in Charge
2. NIC to arrange urgent senior clinical review by ST4+ level clinician (within 5 minutes)
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:	