COMMUNITY PAEDIATRIC SEPSIS PATHWAY

Use for all patients aged 11 years and under

Sepsis Trust NZ | Health New Zealand Te Whatu Ora | Health Quality & Safety Commission Te Tāhū Hauora

RAISE THE FLAG | Could it be Sepsis?

Sepsis is a life-threatening emergency and can happen to anyone. Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

This pathway is to be filed in patient record and is intended for use by all clinicians

Family name

Given name | Gender

AFFIX PATIENT LABEL HERE

DOB | NHI

Māori and Pacific populations experience disproportionately higher rates of sepsis and sepsis-related harm

SEPSIS RISK FACTORS

- Incomplete immunisation
- Socio-economic deprivation
- Infants < 12 months
- Chronic medical conditions
- Immunosuppressed
- Recent trauma, surgery/ procedure, or hospital admission
- Previous sepsis event

RECOGNISE

Date, time started, initial DD/MM/YY 00:00 24 HR AB

☐ Is the presentation consistent with **suspected** or **confirmed** infection?

NO → Exit sepsis pathway*

YES ↓

Does patient meet ANY of the following criteria?

☐ Concern for sepsis ☐ Whānau or carer is very concerned

NO → Exit sepsis pathway*

YES ↓

RED FLAGS

- ☐ Persistent, severe, or unexplained tachypnoea
- ☐ Persistent, severe or unexplained tachycardia
- ☐ Fever > 38.5°C **AND** child < 6 weeks old
- ☐ Purpuric rash
- ☐ Perfusion changes (mottled/cold extremities/ capillary refill 3 seconds or more)
- ☐ Reduced GCS / change in mental status (confusion, difficult to rouse, irritable)

Age (yrs)	**Tachypnoea** (RR) *Severe*	*Moderate*	**Tachycardia** (bpm) *Severe*	*Moderate*
< 1	≥ 70	55 - 69	≥ 180	170 - 179
1-4	≥ 55	45 - 54	≥ 160	150 - 159
5-11	≥ 45	35 - 44	≥ 155	140 - 154

ONE OR MORE RED FLAG

If >1 flag ticked or deterioration, consider

Start Sepsis Six NOW

NO RED FLAG

AMBER FLAGS

- ☐ Persistent whānau concern
- ☐ Oxygen saturation < 92% in air
- ☐ Rigors or temp > 39°C
- ☐ Moderate tachycardia/tachypnoea (see table)
- ☐ Acute leg pain
- ☐ Significant cardiac, respiratory or neuro-disability comorbidity

≥ 1 flag ticked ↓

No flag ticked – Exit pathway*

- ☐ If >1 flag ticked, have a lower threshold for treating as Red Flag Sepsis
- ☐ Consider urgent investigations, advice, and observation
- ☐ Use judgement to decide if can be managed in the community
- ☐ Ensure antibiotics given <3 hours if indicated

SEPSIS SIX

Perform as many of these steps as possible (steps are not sequential)

1. Arrange immediate ambulance transfer to hospital. State Red Flag Sepsis. Inform family/whānau of transfer with suspected sepsis.
2. Advise paediatric or emergency team of patient's arrival and seek senior help, if available.
3. Give oxygen via a non-rebreather mask.
4. Attempt IV access, take a blood culture and a blood glucose.
5. Give IV or IM 50mg/kg ceftriaxone, maximum 2g.
6. Give 10mL/kg IV bolus of 0.9% saline, repeat with 10-20mL/kg bolus if clinically indicated, hypotensive or signs of poor perfusion.

If discharging, provide written advice and arrange review at 24-48 hours.

*In case of deterioration restart screening

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