

Pre-Hospital Sepsis Screening Tool

Age 5-11

- ① Start this chart if the child **LOOKS UNWELL**, if there is **PARENTAL CONCERN**, **EWS ≥ 5** or **ABNORMAL TEMPERATURE ($<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$)**

Risk Factors for Sepsis include (note: the absence of risk factors does not rule out sepsis)

Patients with risk factors are at higher risk of developing sepsis. Have a lower threshold for sepsis screening these patients

- Recent trauma/surgery/invasive procedures
- Impaired Immunity (e.g. diabetes, steroids, chemotherapy, neutropenic patient, asplenia)
- Indwelling lines/IVDU/broken skin
- Rural, remote or low socioeconomic status
- Re-presentation or delayed presentation to a health service

- ② Is there an obvious non-infective cause for the patients presentation and observations? **NO** ↓ **YES** → **SEPSIS UNLIKELY**
Treat other cause

- ③ **Any RED flags?** **YES** →
- BSL ≤ 3 mmol/L
 - Doesn't wake when roused/won't stay awake
 - Objective evidence of new/altered mental state
 - Child looks unwell to healthcare professional
 - Tachypnoea ≥ 50 breaths per minute
 - Tachycardia ≥ 170 beats per minute
 - Bradycardia < 60 beats per minute
 - Hypotension (systolic BP < 60 mmHg)
 - SpO₂ $\leq 88\%$ on air or O₂ requirements ≥ 10 Litres/minute
 - Non-blanching rash
 - Lactate ≥ 4 mmol/L (if available)
- NO** ↓
- RED FLAG SEPSIS**
- Pre-notify ED
 - Follow RED EWS escalation advice
 - Communicate RED flag sepsis at handover

- ④ **Any AMBER flags?** **YES** →
- Family and /or clinical concern is continuing or increasing
 - Behaving abnormally/not wanting to play/drowsy/confused
 - Unexplained pain, leg pain or cold extremities
 - Tachypnoea 45 - 49 breaths/minute
 - Tachycardia 160 – 169 beats/minute
 - Hypotension (systolic BP < 70 mmHg)
 - SpO₂ $\leq 91\%$ on air or O₂ requirements ≥ 5 Litres/minute
 - Capillary refill time of ≥ 3 seconds, mottled or cold extremities
 - Lactate 2-4 mmol/L (if available)
 - Reduced urine output (< 1 ml/kg/hr if catheterised)
- NO** ↓
- AMBER FLAG SEPSIS**
- Follow AMBER EWS escalation advice
 - Communicate AMBER flag sepsis at handover

SEPSIS UNLIKELY

If no red or amber flags sepsis is unlikely. Routine care – Consider other diagnosis