



Queensland
Government

PAEDIATRIC
Sepsis Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

Clinical pathways never replace clinical judgement. Use this pathway in children younger than 16 years.
 16–18 year olds may use the adult or paediatric sepsis clinical pathway.



Sepsis is infection with organ dysfunction. Sepsis is a MEDICAL EMERGENCY.

SCREEN AND RECOGNISE

Screening initiated:

Could it be sepsis?

Signs of infection or history and evidence of fever or hypothermia

PLUS ANY of the following

- Looks sick or toxic
- Parental, carer or clinician concern
- Re-presentation with same illness
- Immunocompromised*
- Altered behaviour or reduced level of consciousness
- Age younger than 3 months
- Sepsis admission within the last 30 days
- Aboriginal or Torres Strait Islander person

*For Oncology patients refer to 'Management of Suspected Neutropenic Sepsis Pathway (SW796)'

↓ YES

Document full set of observations in CEWT including blood pressure and AVPU

↓ THEN

Does the patient have ANY features of severe illness?

- Severe respiratory distress, tachypnoea or apnoea (CEWT respiratory score 3)
- Severe tachycardia (CEWT heart rate score 3)
- Hypotension (CEWT blood pressure score ≥ 2)
- Altered AVPU
- Poor skin perfusion or cold extremities
- Lactate ≥ 2 mmol/L (if known)

Other laboratory features of severe illness (if known):

- Low platelets
- Elevated creatinine
- Elevated INR or bilirubin
- Elevated CRP

These laboratory tests are not mandatory.

↓ YES

↓ NO

Do you still suspect sepsis?

↓ YES

↓ NO

Patient is highly likely to HAVE sepsis or septic shock

- Immediate senior medical review or call Retrieval Services Queensland (RSQ) 1300 799 127
- Immediate monitoring in close observation area

Patient MAY have sepsis

- Targeted history and examination
- Obtain senior medical review or consider calling RSQ

Patient UNLIKELY to have sepsis now

- Reassess and escalate as indicated

↓ THEN

↓ THEN

↓ THEN

Senior medical review attended:

Does the senior clinician think sepsis is likely?

- Yes – sepsis with shock Yes – sepsis without shock OR Unlikely sepsis

NO →

Give Paediatric Sepsis Checklist to parent or carer (tear off back page)

↓ YES

Sepsis has been diagnosed by a senior medical doctor
Start resuscitation and treatment for sepsis NOW (next page)
 Escalate to MET, PICU, ICU or RSQ 1300 799 127

Signature Log Every person documenting in this clinical pathway must supply a sample of their initials and signature below

Initials	Signature	Print name	Role

DO NOT WRITE IN THIS BINDING MARGIN

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SW1205

PAEDIATRIC SEPSIS PATHWAY

Paediatric Sepsis checklist

If you think your child is not getting better, or they are getting sicker, trust your gut feeling. Tick the boxes that apply to your child and ask your doctor or nurse **“Could it be sepsis?”**.



Temperature

- Shivering or shaking with a fever
- Low temperature (less than 36°C)
- For child older than 3 months, high temperature (more than 38°C) for 5 days or more
- For baby 3 months or younger, any high temperature (more than 38°C)



Breathing

- Grunting noises when breathing
- Working harder to breathe – sucking under the ribs or caving in of the breast bone
- Nostrils that move in and out (flare) with each breath
- Crackly noises from the chest



Activity and movement

- Can't concentrate
- Can't stay awake
- No interest in playing
- No interest in what is happening around them
- Irritable and won't settle
- Restlessness
- Unable to walk or refusing to walk
- Not using an arm, leg, hand or foot for no obvious reason
- Feeling more unwell than before



Pain

- Headache, neck, muscle, chest, bone or joint pain for no obvious reason
- Pain relief is not working



Skin

- Cold hands and feet
- Skin painful to touch
- Bright red skin all over
- Rash



Toileting

- No urine (wee) or wet nappies for 12 hours or more
- Fewer nappies and not as heavy as usual
- Blood in the faeces (poo)
- More than 5 watery diarrhoea (runny poo) episodes in 24 hours



Eating and drinking

- Unable to keep any fluids down because of vomiting
- Vomit that is green or black or has blood in it
- No interest in drinking or feeding
- Very thirsty
- Dry mouth, lips or tongue



Illnesses can change – trust your gut feeling. Even if your child has recently seen a doctor, if you think they may have sepsis, come back to hospital and ask **“Could it be sepsis?”**.

Visit www.childrens.health.qld.gov.au/sepsis