

# Paediatric Sepsis Pathway Management Plan explained

<b>PAEDIATRIC Sepsis Pathway</b>		(Affix identification label here) URN: _____ Family name: _____ Given name(s): _____ Address: _____ Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
<b>Sepsis Management Plan</b>			
<b>DETERIORATING OR PERSISTENT SIGNS OF SEPSIS</b> Level of care: Critical		<b>RESOLVING SIGNS OF SEPSIS</b> Level of care: Inpatient	
<b>COMMUNICATE</b> Discussions with family to include: • Explanation of sepsis • Parent and carer information sheet (tear off Information for Parents page at back) • Family questions • Goals of care • Social work, welfare support and other allied health services • Indigenous Health Liaison Officers (IHLO) • Interpreter supports		Discussions with family to include: • Explanation of sepsis • Parent and carer information sheet (tear off Information for Parents page at back) • Family questions • Social work and welfare support • Indigenous Health Liaison Officers (IHLO) • Interpreter supports	
<b>MONITOR</b> Continuous: • SpO <sub>2</sub> • Respiratory rate 15 minutes: • AVPU • Capillary refill time 60 minutes: • Strict fluid balance • Urine output 4 hourly: • Lactate • Venous blood gas • Blood sugar level • Temperature (once resolved)		Continuous: • SpO <sub>2</sub> • Respiratory rate 60 minutes: • Blood pressure • Temperature (until resolved) • Urine output 4 hourly: • AVPU • Temperature (once resolved)	
<b>REASSESS</b> Patients may move between streams according to clinical response. Patients who are deteriorating or have persistent signs of sepsis require more frequent monitoring. Obtain senior medical officer advice on changing sepsis management plan stream.		Clinically reassess after interventions, monitored vital sign changes or every 60 minutes as a minimum: • Tachypnoea (CEWT respiratory score ≥2) • Tachycardia (CEWT heart rate score ≥2) • Hypotension (CEWT blood pressure score ≤2) • Altered AVPU • Poor skin perfusion: capillary refill ≥3 seconds or cold extremities • Urine output less than 1mL/kg/hr • Lactate ≥2mmol/L (4 hourly) If deteriorating or persistent signs of sepsis are still present: • Escalate via local policy • Notify Senior Medical Officer and call PICU, ICU or RSQ 1300 769 127	
<b>INVESTIGATE</b> Collect relevant outstanding microbiology samples: <input type="checkbox"/> Urine <input type="checkbox"/> Blood cultures <input type="checkbox"/> CSF (when stable) <input type="checkbox"/> Other relevant sources (e.g. surgical specimens following source control) <input type="checkbox"/> Stool <input type="checkbox"/> Respiratory		Collect relevant outstanding microbiology samples: <input type="checkbox"/> Urine <input type="checkbox"/> Blood cultures <input type="checkbox"/> CSF <input type="checkbox"/> Other relevant sources (e.g. surgical specimens following source control) <input type="checkbox"/> Stool <input type="checkbox"/> Respiratory	

This plan should be used for all paediatric patients treated with sepsis

Communication should be continuous over the course of the admission, as goals of care may change.

Minimum monitoring frequencies for patients with - deteriorating or persistent signs of sepsis (purple) - resolving signs of sepsis (orange).

Patients with sepsis can deteriorate rapidly. Regular monitoring and reassessment is crucial to identify changes early.

Remember to collect relevant micro samples ASAP, even though treatment has already begun.

Parent and carer information sheet is an essential resource for families. It was co-designed with families in a language that is appropriate for them.

Documentation is key for optimising ongoing management and ensures the next member of the multidisciplinary team is informed.

Patients may move between streams based on clinical response. E.g. monitored vital signs, Tachycardia CEWT of 2 indicates patient is deteriorating. Immediately escalate, reassess and follow the purple stream.

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<b>Sepsis Management Plan (continued)</b>			
<b>DETERIORATING OR PERSISTENT SIGNS OF SEPSIS</b> Level of care: Critical		<b>RESOLVING SIGNS OF SEPSIS</b> Level of care: Inpatient	
<b>ANTIMICROBIAL OPTIMISATION</b> • Reconsider source and need for source control • Review microbiology results in consultation with laboratory • Review appropriateness of antimicrobial cover and consider additional risk factors • Consider ID expert guidance as per local referral pathway. QCH oncall service available Ph: 07 3068 1111 • Ensure Therapeutic Drug Monitoring where appropriate		• Review microbiology results in consultation with laboratory • Review appropriateness of antimicrobials and consider de-escalation, targeting or cessation	
<b>DOCUMENT</b> <b>Antimicrobial Stewardship:</b> <input type="checkbox"/> Document confirmed or suspected source of infection in health record <input type="checkbox"/> Document plan to continue, change or cease antimicrobials <input type="checkbox"/> Consider longer-term central IV access if required <input type="checkbox"/> Review antimicrobial allergy history if applicable and refer to ID or immunology for assessment <b>Other documentation:</b> <input type="checkbox"/> Document sepsis in health record <input type="checkbox"/> Document when patient is seen by Sepsis Care Coordinator <input type="checkbox"/> Document variations to assist future optimisation of the pathway		<b>Antimicrobial Stewardship:</b> <input type="checkbox"/> Document confirmed or suspected source of infection in health record <input type="checkbox"/> Document plan to continue, change or cease antimicrobials <input type="checkbox"/> Review antimicrobial allergy history if applicable and refer to ID or immunology for assessment <b>Other documentation:</b> <input type="checkbox"/> Document sepsis in health record <input type="checkbox"/> Document when patient is seen by Sepsis Care Coordinator <input type="checkbox"/> Document variations to assist future optimisation of the pathway	
<b>HANDOVER AND DISCHARGE</b> <b>Handover to ward:</b> <input type="checkbox"/> Document psychosocial support required in health record (e.g. social work, I.H.O. interpreter) <input type="checkbox"/> Document clinicians involved in handovers in the health record <input type="checkbox"/> Involve parents and carers in handover and provide information <input type="checkbox"/> Handover to also include provisional sepsis diagnosis, comorbidities, management plan for medicines and medical conditions			
<b>RESOURCES</b> <b>Clinical:</b> • Queensland Paediatric Sepsis Program clinical resources for health professionals • Children's Resuscitation Emergency Drug Dosage Guide (CREDD). Consider using CREDD for weight adjusted dosing measurements • National Sepsis Clinical Care Standard, including discharge planning guide, GP letter template and other resources • Surviving Sepsis Campaign Guidelines January 2020 <b>Family:</b> • Queensland Paediatric Sepsis Program family resources • Find an Aboriginal Community Controlled Health Organisation (ACCHO) near you <b>Bereavement:</b> • Children's Health Queensland Bereavement Service			

When clinically appropriate ensure IV to oral step down occurs.

These discharge planning steps are key to patients recovery and outcomes after sepsis.

For detailed discharge planning guides, letters and patient experience surveys search 'National Sepsis Clinical Care Standard implementation resources'.

Throughout management plan  
 • = for consideration  
 □ = action is required



Scan the QR code for access to clinical guidelines, tools and educational resources  
 For more information contact the Queensland Paediatric Sepsis Program (QPSP) team:  
 paediatricsepsis@health.qld.gov.au

Clinical Excellence  
 Queensland

