Management - Primary Care and Community settings







- Think sepsis even if they do not have a high temperature
- Be aware that children with sepsis may have non-specific, nonlocalising presentations
- Pay particular attention to concerns expressed by the child and family/carer
- Take particular care in the assessment of children, who might have sepsis, who are unable, or their parent/carer is unable, to give a good history

Consider additional vulnerability to sepsis:

- The very young (<1yr) 0
- No immunised 0
- Recent (< 6 weeks) trauma or surgery or invasive procedure 0
- Impaired immunity due to illness or drugs 0
- Indwelling lines/catheters, any breach or skin integrity e.g. any cuts, burns, blisters or skin infections

Suspected sepsis

If as risk or neutropenic sepsis – refer to secondary care

Perform assessment to identify likely source of infection, risk factors and clinical indicators or concern (see below)

Sepsis not suspected

	Moderate to high risk					ess and death from sepsis using risk criteria RISK High Risk						
						CRITERIA						
		1		1		Look for 2 of:					1	
	<1 50-59	1-2 40-49	3-5 30-39	6-11 22-29	12-17 21-24	AGE (yr) Resp Rate (brpm)	<1 >60	1-2 >50	3-5 >40	6-11 > 30	12-17 >25	Any CYP
No Moderate or High	< 91% in air or increased < 92% in air or increased oxygen requirement oxygen requirement					0 ₂ sat	<90% in air or increased oxygen requirement					
Risk Criteria met	150-159	140-149	130-139	120-129	90-100	Heart Rate (bpm) Temperature	>160	>150	>140	>120	>100	<60
	3-6 months > 39 [°] c					Plus 1 of	Less than 3 months (or oncology patient) >38°C <36 ° C					
	 Not responding normally to social cues e.g. no smile Wakes only for prolonged stimulation Decreased activity Poor feeding in infants Parent or carer concern that the child is behaving differently than usual Limb pain 					Activity /Behaviour	 Altered behaviour or mental state No response to social cues Does not wake or if roused does not stay awake Weak, high pitched or continuous cry Appears ill to a healthcare professional 					
Clinical Action	Nasal flaring					Respiratory	Grunting Apnoea					
then a definitive condition affecting the child can be entified, use clinical judgement to treat using the NICE nidance relevant to their diagnosis when available. <u>If</u> <u>nical concern of possible sepsis remains, seek advice</u> ren if trigger criteria not met.	 CRT > = 3 seconds or flash fill Pale or flushed Pallor or skin, lips or tongue Cold hands or feet Dry mucous membranes Reduced urine output 					Circulation/ Hydration	 Appearance of skin: mottled, ashen or cyanotic Cyanosis of lips or tongue 					
Safety - Netting						Skin	• •	Non-blanch	ning rash c	of skin		

- ٠ Aı appropriate
- Provide information about symptoms to monitor and how to access the medical care
- Consider if they are any issues relating to . safeguarding that require action.

Fever Safety netting SHEET



NO

Antibiotic administration should not be required in a primary care setting because transfer time will be < 1 hour



Urgent Action

- Refer immediately for urgent review according to local pathway (hospital ED or paediatric until) - consider 999
- Alert paediatrician
- Commence relevant treatment to stabalise child to transfer
- Send relevant documentation

Seek urgent advice from primary care colleague or Paediatrician.

Are 2+1 Criteria for moderate

YES

to High Risk/High Risk met?

No

YES

Can a definitive diagnosis be made and treated in an out of hospital setting?

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from the Healthier Together Steering Group.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.