# Screening for SEPSIS starts at the front door!



# Visual Assessment Clinician (VAC) assigns:

Dynamic Priority Score (DPS)

### Nurse in triage performs:

- Observations
- Paediatric Sepsis
   Assessment: Sepsis
   Screening Page





B. Under 3/12 months old and Temp ≥38 or ≤36°C

C. POPS ≥3

D. Parents concerned child has sepsis or very unwell A or B?

C or D? Yes

Suspected

DPS 1: Sepsis task generated by nurse on Nervecentre, prompting immediate review by clinician.

## Sepsis 6 Pathway

(complete within 60 mins)

- 1. Give high flow 02
- 2. IV/IO access & blood tests:
  blood cultures, BM, blood gas
  (lactate), FBC, CRP, U&E, coag
- 3. IV/IO antibiotics
- 4. Consider fluid resuscitation
- Involve senior decision maker
   (ST4+)
- 6. Consider inotropic support early(if ≥40 ml/kg fluid bolus required)

Clinician decision to de-escalate on

Nervecentre and proceed with normal care.

Does the child have any of the following?

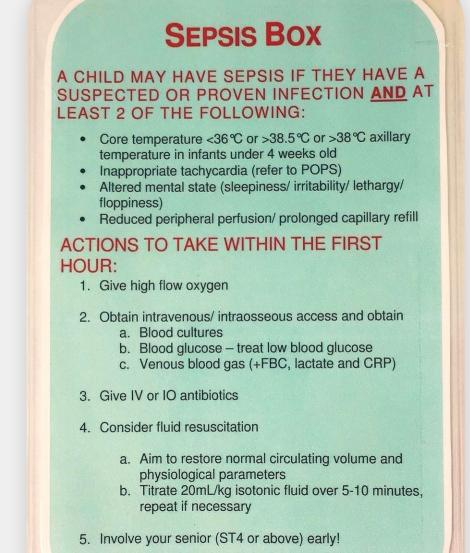
Appearance: unwell, mottled/ashen or non-blanching rash

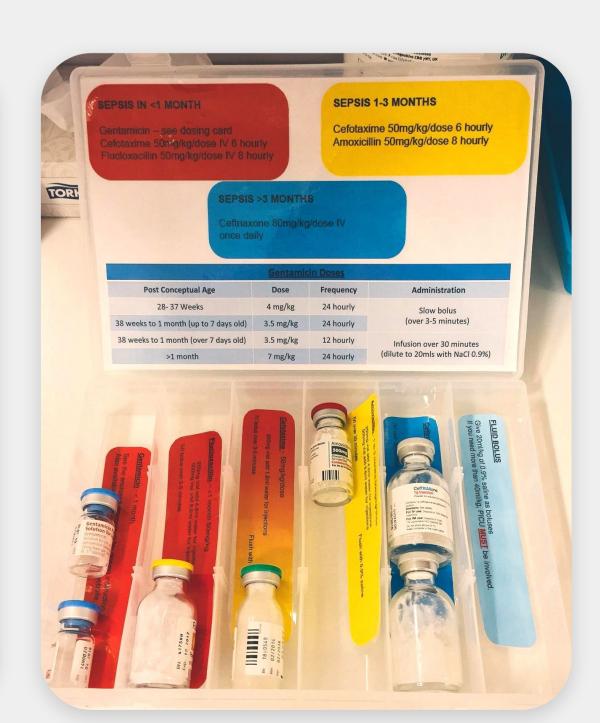
**Breathing:** SpO2 <90% on air, ↑O2 req, RR ≥29

Circulation: HR <60 or ≥130

**Demeanour:** objective evidence of altered behaviour or mental state, does not wake if roused or stay awake

Exposure: Temp <36°C





### Remember...

✓ Take time, take care

6. Consider contacting PICU for ionotropes EARLY

- Listen to parents concerns
- Perform a detailed exam
  If unsure, speak to a senior



None of the above? Visual Assessment Clinician (VAC) to de-escalate on Nervecentre.