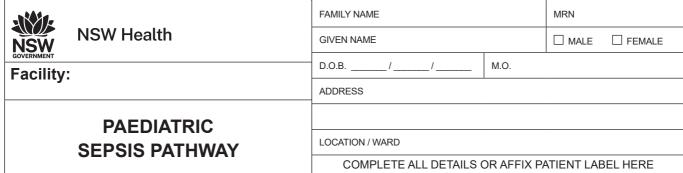
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Use for patients from 28 days corrected age to 16 years in any clinical setting to support recognition and management of sepsis

Babies up to 28 days corrected age use CEC Neonatal Sepsis Pathway

Use febrile neutropenia guideline where relevant

	D IT BE SEPSIS? dysfunction and is a medical emergency
Does the patient have any signs of INFECTI PLUS ANY of the following:	ON or history / evidence of fever or hypothermia,
 □ Looks sick or toxic – grunting, rigors, pallor, poor feeding □ Change in behaviour or decreased level of consciousness □ Persistent tachycardia □ Severe unexplained pain □ Non-blanching rash 	 □ Parental, carer or clinician concern □ Immunocompromised or complex medical history □ Re-presentation or worsening with same illness □ Under 3 months of age □ Central line or invasive device □ Recent surgery, burn, wound □ Aboriginal and Torres Strait Islander people

Commence A-G systematic assessment and document a full set of vital sign observations including blood pressure

Does the patient have ANY features of SEVERE ILLNESS? Laboratory features of severe illness / organ dysfunction include acidosis, low platelets, elevated creatinine, elevated CRP or coagulopathy Any of the following YELLOW ZONE criteria: Any of the following RED ZONE criteria: Respiratory rate OR distress Respiratory rate OR distress Heart rate Heart rate Blood pressure Blood pressure (or drop in diastolic pressure or Central capillary refill ≥ 3 seconds widening pulse pressure) Lactate ≥ 4 mmol/L Lactate 2.0 to 3.9 mmol/L Level of consciousness ACVPU Change in behaviour

Call a RAPID RESPONSE (as per local CERS)

Call for a **CLINICAL REVIEW** within 30 minutes (as per local CERS) AND consult with the SENIOR CLINICIAN

Does the senior clinician consider the patient has sepsis?

PROBABLE SEPSIS (with or without signs of shock)

- Resuscitate (over page)
- Treat within 60 minutes

POSSIBLE SEPSIS

(no signs of shock)

- Investigate
- Treat within 3 hours

SEPSIS UNLIKELY

- · Consider other causes of deterioration
- Reconsider sepsis if the patient deteriorates

RESPOND

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> **NO WRITING** Page 1 of 2

ty:	ADDRESS
PAEDIATRIC SEPSIS PATHWAY	LOCATION / WARD COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE
Complete actions 1 to 5	within 60 minutes with ongoing A-G systematic assessment
Get help Commence monitoring	 Consult with Paediatrician / Emergency Physician / ICU / NETS Give oxygen as required to maintain SpO₂ ≥ 95%
3. Obtain access and collect pathology Vascular access Blood culture Blood gas Lactate Blood glucose level (BGL)	Obtain vascular access within 5 minutes (intraosseous access if no vascular access) Take blood culture prior to antibiotics (3mL in paediatric or 10mL in adult bottle) Where possible collect all relevant cultures Do not wait for test results: commence fluids and antibiotics
4. Commence antibiotics First antibiotic commenced	 Use <u>Therapeutic Guidelines: Antibiotic</u> OR local guideline OR <u>Australian Clinical Practice Guidelines – antimicrobial guidelines</u> Give IM ceftriaxone if IV or intraosseous access is not obtained within 15 minutes Document source of infection if known
5. Commence fluid resuscitation Fluid bolus given	 Administer 20 mL/kg sodium chloride 0.9% IV or intraosseous rapid bolus Assess response If BGL < 3 mmol/L give 2 mL/kg glucose 10% Consider giving a second 20 mL/kg sodium chloride 0.9% IV or intraosseous rapid bolus
6. Reassess Repeat lactate taken	Does the patient have any persistent signs of sepsis following 40 mL/kg bolus fluid? Any of the following RED ZONE criteria: Respiratory rate or distress Heart rate Blood pressure (or drop in diastolic / widening pulse pressure) Lactate ≥ 4 mmol/L (or not improving) Level of consciousness ACVPU
7. Refer Prepare inotropic support and consider respiratory support Intensive Care / NETS contacted	YES Seek advice immediately from local / regional paediatric experts AND Contact Intensive Care / NETS Tel: 1300 36 25 00 Prepare adrenaline (epinephrine) infusion as per the NETS Clinical Calculator can be given via peripheral IV or intraosseous access

Date:

Designation: