


| | | |
|--|--|--|
| HOSPITAL NAME / HEALTH SITE | | Med Rec. No: |
| PAEDIATRIC SEPSIS PATHWAY | | Surname: |
| | | Forename: |
| | | Gender: D.O.B. |
| | | Results / Investigations Document key results; handover outstanding results and investigations to be followed up |
| Additional clinical notes | | |
| Disposition | | |
| <input type="checkbox"/> Ward <input type="checkbox"/> PCH ED <input type="checkbox"/> PCH Critical Care <input type="checkbox"/> Other: | | |
| Date | Time: | Signed: Clinician: |
| Post Resuscitation Care Guide | | |
| Patients with presumed sepsis are at a high risk of deterioration despite initial resuscitation, IV antibiotics and fluids. Ongoing management plans are to be documented in the health care record. | | |
| Ongoing monitoring | <ul style="list-style-type: none"> Monitor closely for deterioration Document required frequency of observations Document plan for timing of repeat blood tests e.g. blood gas / lactate, renal function, LFTs, FBC and coagulation profile | |
| Medical review | <ul style="list-style-type: none"> Document time for next medical review (within 4 hours of pathway commencement) | |
| Source of sepsis | <ul style="list-style-type: none"> Reassess and re-examine patient for source of infection, including invasive devices Consider urine sample, bacterial and viral swabs of skin lesion, EDTA blood for meningococcal, pneumococcal and Group A streptococcal PCR, CSF collection and imaging | |
| Antimicrobial review | <ul style="list-style-type: none"> Follow up all cultures and PCR results and notify (when required) public health Review antimicrobial regimen within 24 – 72 hours Seek advice from Infectious Diseases physician and/or Microbiologist | |
| Sepsis diagnosis | <ul style="list-style-type: none"> Confirm and document sepsis diagnosis in health care record | |
| Family | <ul style="list-style-type: none"> Discuss sepsis diagnosis and management plan with patient and carers, and document discussion Antibiotic prophylaxis for household contacts (meningococcal, Group A streptococcal sepsis) Referral to Allied Health and support services as required Consider cultural needs, and use an interpreter for families with limited English proficiency Consider and discuss pre-existing goals of care and advanced care plans | |
| Discharge Guide | | |
| <ul style="list-style-type: none"> Discharge Summary completed with sepsis as a diagnosis Follow-up appointments, referrals and surveillance e.g. audiology, developmental etc. PCH Patient and visitor sepsis resources provided to patient and carers (Scan QR code) | | |
| | |  |

| | | |
|---|-------|---|
| HOSPITAL NAME / HEALTH SITE | | Med Rec. No: |
| PAEDIATRIC SEPSIS PATHWAY | | Surname: |
| | | Forename: |
| | | Gender: D.O.B. |
| | | For use in infants, children and adolescents (< 16 years) with suspected or confirmed sepsis (excluding those admitted to the Neonatal Intensive Care Unit) Clinical pathways / guidelines never replace expert clinical judgement. |
| SEPSIS is infection with organ dysfunction and is a MEDICAL EMERGENCY | | |
| Could this be sepsis? If sepsis is considered, perform full set of observations then follow the Paediatric Sepsis Pathway | | |
| High-risk patients - consider a lower threshold for requesting Senior Clinician Review in the following groups one tick box constitutes high risk | | |
| <input type="checkbox"/> Infants less than 3 months <input type="checkbox"/> Immunosuppression, chemotherapy, long-term steroids or asplenia <input type="checkbox"/> Central venous access devices (CVAD), indwelling medical devices <input type="checkbox"/> Unimmunised or incomplete immunisation <input type="checkbox"/> Remote, delayed access to health care or patient transfer | | <input type="checkbox"/> Recent surgery, burn or wound <input type="checkbox"/> Complex / chronic medical condition <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> Re-presentation (including GP) <input type="checkbox"/> Family and/or clinician concern |
| Screening initiated: | | |
| Date | Time: | Signed: Clinician: |
| Suspected infection and/or abnormal temperature and ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> EWS 6 - 7 <input type="checkbox"/> Mottled CRT ≥ 3 or cold peripheries <input type="checkbox"/> Non-blanching rash <input type="checkbox"/> Drowsy or confused <input type="checkbox"/> Unexplained pain <input type="checkbox"/> Lactate 2 - 4 mmol/L <input type="checkbox"/> Family and/or clinician concern is continuing or increasing | | Suspected infection and/or abnormal temperature and ANY of the following: <ul style="list-style-type: none"> <input type="checkbox"/> EWS ≥ 8 <input type="checkbox"/> Any observation in red zone <input type="checkbox"/> AVPU score P (if unresponsive, call a CODE BLUE / Other) <input type="checkbox"/> Lactate > 4 mmol/L <input type="checkbox"/> BGL < 3 mmol/L |
| <input type="checkbox"/> Request Treating Doctor or (Insert applicable clinician / process here) review within 15 mins <input type="checkbox"/> State 'sepsis review required' <input type="checkbox"/> Treating doctor to notify Senior Clinician / Consultant responsible for the patient | | <input type="checkbox"/> Request Senior Clinician Review within 5 mins ED: (Insert applicable clinician / process here) Ward: (Insert applicable clinician / process here) <input type="checkbox"/> State 'sepsis review required' <input type="checkbox"/> No response within 5 mins or clinically indicated call a CODE BLUE / Other <input type="checkbox"/> Treating doctor to notify Senior Clinician / Consultant responsible for the patient |
| Outcome of Senior Clinician review | | |
| <input type="checkbox"/> NO - Unlikely sepsis Patient unlikely to have sepsis now. Consider differential diagnosis. Re-evaluate & escalate as indicated | | <input type="checkbox"/> YES - Suspected sepsis WITHOUT shock <input type="checkbox"/> ED - consider moving to RESUS <input type="checkbox"/> WARD - (Insert applicable clinician / process here) <input type="checkbox"/> ED & WARD - call (Insert applicable clinician here) |
| <input type="checkbox"/> Patient and carers directed to appropriate consumer resources | | <input type="checkbox"/> YES - Suspected sepsis WITH shock <input type="checkbox"/> ED - move to RESUS <input type="checkbox"/> WARD - call a CODE BLUE / MET / OTHER <input type="checkbox"/> ED & WARD - call (Insert applicable clinician here) |
| | | <input type="checkbox"/> Urgently commence resuscitation and sepsis management as per page 3 |
| | | <input type="checkbox"/> Urgently commence resuscitation and sepsis management as per page 3 |
| Date | Time: | Signed: Clinician: |

DO NOT WRITE IN BINDING MARGIN

DO NOT WRITE IN BINDING MARGIN

INSERT BARCODE

SCREEN

ESCALATE

© Child and Adolescent Health Service, Western Australia

HCHPCXXXXXX
PCXXX
09/24

