



Paediatric Sepsis Pathway Workflow

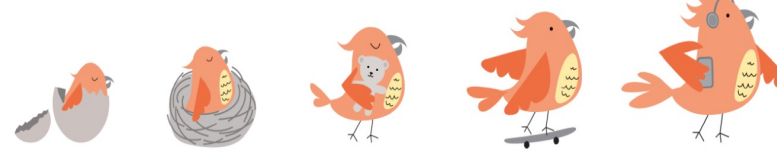
Sepsis is an infection with organ dysfunction.
It is a life-threatening medical emergency that requires urgent treatment.

Think:
Could this
be sepsis?

Child with suspected or proven infection
+/- abnormal temperature (hypothermia or fever)

Assessment

Perform a full PARROT Early Warning Score assessment.



Screen

Review the Paediatric Sepsis Pathway Trigger
on the PARROT Chart.

Does the patient meet the criteria for a sepsis review?

Escalate as per the Trigger for a sepsis review
and commence the Paediatric Sepsis Pathway

Risk factors for sepsis

- Infants less than 3 months
- Immunosuppression, chemotherapy, long-term steroids or asplenia
- Central venous access devices (CVAD), indwelling medical devices
- Unimmunised or incomplete immunisation
- Remote, delayed access to health care or patient transfer
- Recent surgery, burn or wound
- Complex/chronic medical condition
- Culturally and/or linguistically diverse
- Re-presentation (including GP)
- Family and/or clinician concern

Suspected sepsis/septic shock

Outcome of sepsis review

Unlikely sepsis now

- Consider differential diagnosis
- Re-evaluate and escalate as needed

Resuscitation

- Call for help
- Assess and support **Airway** and **Breathing**

Circulation

- Gain vascular access (IV, IO, CVAD)
- Give IV antibiotics (via vascular access or IM) without delay in accordance with the PCH ChAMP Guidelines
- Perform blood tests: glucose, blood gas and lactate, blood cultures, full blood count, urea and electrolytes, c-reactive protein, coagulation profile
- If BGL <3mmol/L treat with 2mL/kg of glucose 10%

Fluid resuscitation for circulatory compromise or septic shock

- Treat with 10mL/kg fluid bolus, reassess circulatory compromise for improvement and repeat boluses as required
- Treat up to 40mL/kg (can exceed on consultant advice)
- If shock persists after 40mL/kg consider inotropes → PCH Paediatric Critical Care Review mandatory at this stage

Repeat structured assessment, ongoing monitoring

- Complete history, examination and investigation for source of the sepsis
- Monitor closely for deterioration
- Monitor strict fluid input/output
- Refer and transfer as required

Post resuscitation care

- Confirm and document the diagnosis – sepsis
- Patients are at high risk of deterioration and require close monitoring and medical review
- Follow up all results
- Seek advice from Infectious Diseases and/or Microbiologist
- Discuss diagnosis and management plan with patient and their family

Discharge care and recovery

- Complete discharge summary with sepsis as a diagnosis, utilise discharge checklist and NACs template
- Arrange follow-up appointments, discharge medications
- Some children may experience post-sepsis syndrome which can cause ongoing physical, cognitive and psychosocial symptoms
- Educate the patient and their family on risks of recurrent infection and post-sepsis syndrome, discuss recovery goals and timeline
- Provide Health Facts sheets/resources

PCH Post-Sepsis Care Program

This pilot program will launch in 2025 and a care navigator will provide Telehealth follow-ups to support the child and family after discharge.