

Does your patient have any one of the following?

- Paediatric Sepsis Form indicating “Signs of Shock” or “Suspected Sepsis”
- Antibiotic use with ≥ 1 fluid bolus
- ≥ 3 antibiotics prescribed
- **Persistent Tachycardia** (Tachycardia that is not resolving despite fluid resuscitation)

Yes

PATIENT IS NOW ON THE SEPSIS PATHWAY*

Stabilise patient:

- Take Blood cultures and commence IV antibiotics if not already done (SEPSIS 6)
- Provide targeted treatment to optimise perfusion and oxygen delivery
- Aim for normal BP, HR, CRT, O2 saturations and decreasing lactate levels
- Administer a 10ml/kg Fluid bolus (Hartmann’s or 0.9% NaCL) over 10 minutes
- Reassess after each bolus and repeat as per clinical response

Determine location of care

All of:

- $<40\text{ml/kg}$ Fluids required
- Normal Blood Pressure
- Capillary Refill ≤ 2 seconds
- Normal/decreasing Lactate

Ward Based Care

- Hourly nursing observations (including BP)
- Monitor input and output (mls/kg/hr)
- 3 hourly Registrar review
- If persistent tachycardia, prolonged CRT, and/or oliguria - repeat bloods and Inform Paediatric Consultant

Any of:

- Persistent tachycardia
- Hypotension
- Oliguria ($<1\text{ml/kg/hr}$)
- Rising Creatinine
- Abnormal LFTs
- Rising Lactate
- Increased INR

Yes

No

Continued observation

All of:

- $\geq 40\text{ml/kg}$ Fluids required
- Normal Heart Rate
- Capillary Refill ≤ 2 seconds
- Normal Blood Pressure

Paediatric Consultant Review

High Observation Area

- Discuss with Anaesthesiology
- Continuous monitoring (SpO2, HR, BP)
- Monitor input and output (mls/kg/hr)
- Repeat bloods within 3 hours

- $>40\text{ml/kg}$ fluid required
- AND any of the following:
- Persistent Tachycardia
- Rising lactate
- Hypotension

PICU Care

- Immediate Anaesthesiology review
- Consider inotropic support
- Call IPATS 1800 222 378

*Once entered on the Sepsis Pathway, the following actions are required:

- If not already completed, complete the Paediatric Sepsis Form.
- Highlight in all healthcare communications that the patient is on the “Sepsis Pathway”.
- Place relevant “Sepsis Pathway” stickers in the medical notes and on the kardex.
- Highlight the patient on the ward patient board.
- Place the patient on the “watcher” list.