

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*

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

Once entered on the Sepsis Pathway

- Ensure all sections of Paediatric Sepsis Form complete.
- Highlight that patient is on Sepsis Pathway in all communications.
- Place Sepsis Pathway stickers on medical notes, and drug kardex.
- Place patient on "watcher list".
- Highlight patient on the ward patient board.

Determine location of care

All of:

- <40 ml/kg Fluids required
- Normal Blood Pressure
- Capillary Refill ≤ 2 seconds
- Normal/decreasing Lactate

All of:

- ≥ 40 ml/kg Fluids required
- Normal Heart Rate
- Capillary Refill ≤ 2 seconds
- Normal Blood Pressure

• >40 ml/kg fluid required

AND any of the following:

- Persistent Tachycardia*
- Rising lactate
- Hypotension

STABILISE PATIENT

Paediatric Consultant Review

Ward Based Care

- Hourly nursing observations (including BP)
- Monitor input and output (mls/kg/hr)
- Clinical review by Registrar 3 hours following ward admission
- Repeat bloods if any of:
 - Persistent Tachycardia*
 - Hypotension
 - Prolonged CRT
 - Oliguria (<1 ml/kg/hr)

High Observation Area

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

PICU Care

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

Yes

Any parameters of organ dysfunction such as:

- Persistent Tachycardia*
- Hypotension
- Prolonged CRT
- Oliguria (<1 ml/kg/hr)
- Rising Creatinine
- Abnormal LFTs
- Rising Lactate
- Increased INR

No

Continued Observation

- Document:
 - Absence of above parameters
 - Nursing observation frequency to revert to PEWS system
- Further registrar review at nursing staff request
- Remains on "watcher" list

Criteria for discontinuation of Sepsis Pathway

1. Consultant review
2. Haemodynamically stable without intervention
3. Urine output >1 ml/kg

Sepsis Pathway can be discontinued at consultant discretion whilst awaiting blood and/or urine culture results

Document discontinuation from Sepsis Pathway in notes and complete remaining section of Sepsis Pathway sticker on Kardex

*Persistent Tachycardia

- Tachycardia that persists and is not explained by crying and/or pyrexia.
For reference, the normal physiological increase in heart rate due to pyrexia is approximately 10 bpm for every 1°C rise above a central temperature of 37.4°C.