

Person with possible infection

- Think **'could this be sepsis?'** if they present with signs or symptoms that indicate infection, even if they do not have a high temperature.
- Be aware that people with sepsis may have non-specific, non-localising presentations (for example, feeling very unwell).
- Pay particular attention to concerns expressed by the person and family/carer.
- Take particular care in the assessment of people who might have sepsis who are unable, or their parent/carer is unable, to give a good history (for example, young children, people with English as a second language, people with communication problems)

ASSESSMENT

Assess people with suspected infection to identify:

- likely source of infection
- risk factors (**see righthand box**)
- Indicators of clinical concern such as abnormalities of behaviour, circulation or respiration.

Healthcare professionals performing a remote assessment of a person with suspected infection should seek to identify factors that increase risk of sepsis or indicators of clinical concern.

People more vulnerable to sepsis

- the very young (under 1 year) and older people (over 75 years) or very frail people
- recent trauma or surgery or invasive procedure (within the last 6 weeks)
- Impaired immunity due to illness or drugs (for example, people receiving steroids, chemotherapy or immunosuppressants)
- Indwelling lines / catheters / intravenous drug misusers, any breach of skin integrity (for example, any cuts, burns, blisters or skin infections).

If at risk of neutropenic sepsis - refer to secondary care

Additional risk factors for women who are pregnant or who have been pregnant, given birth, had a termination or miscarriage within the past 6 weeks -gestational diabetes, diabetes or other co-morbidities; needed invasive procedure such as caesarean section, forceps delivery, removal of retained products of conception, prolonged rupture of membranes, close contact with someone with group A streptococcal infection, have continued vaginal bleeding or an offensive vaginal discharge).

Sepsis not suspected

- no clinical cause for concern
- no risk factors.

Use clinical judgment to treat the person, using NICE guidance relevant to their diagnosis when available.

SUSPECT SEPSIS

If sepsis is suspected, use a structured set of observations to assess people in a face-to-face setting. Consider using early warning scores in hospital settings. Parental or carer concern is important and should be acknowledged.

Stratify risk of severe illness and death from sepsis using algorithm appropriate to age and setting

Managing suspected sepsis in children aged 5-11 years - outside an acute hospital setting

Stratify risk of severe illness and death from sepsis using the risk criteria in the stratification tool for children aged 5-11 years

- High risk criteria**
- Objective evidence of altered behaviour or mental state
 - Appears ill to a healthcare professional
 - Does not wake or if roused does not stay awake
 - Respiratory rate:
 - Aged 5 years: 29 breaths per minute or more
 - Aged 6–7 years: 27 breaths per minute or more
 - Aged 8–11 years: 25 breaths per minute or more
 - Oxygen saturation of less than 90% in air or increased oxygen requirement over baseline
 - Heart rate:
 - Aged 5 years: 130 beats per minute or more
 - Aged 6–7 years: 120 beats per minute or more
 - Aged 8–11 years: 115 beats per minute or more
 - Or heart rate less than 60 beats per minute at any age
 - Mottled or ashen appearance
 - Cyanosis of skin, lips or tongue
 - Non-blanching rash of skin

- Moderate to high risk criteria**
- Not responding normally to social cues
 - Decreased activity
 - Parent or carer concern that the child is behaving differently from usual
 - Respiratory rate:
 - Aged 5 years: 24–28 breaths per minute
 - Aged 6–7 years: 24–26 breaths per minute
 - Aged 8–11 years: 22–24 breaths per minute
 - Oxygen saturation of less than 92% in air or increased oxygen requirement over baseline
 - Heart rate:
 - Aged 5 years: 120–129 beats per minute
 - Aged 6–7 years: 110–119 beats per minute
 - Aged 8–11 years: 105–114 beats per minute
 - Or capillary refill time of 3 seconds or more
 - Reduced urine output, or for catheterised patients passed less than 1 ml/kg of urine per hour
 - Leg pain
 - Cold hands or feet

- Low risk criteria**
- Normal behaviour
 - No high risk or moderate to high risk criteria met

Provide information about symptoms to monitor and how to access medical care

Any high risk criteria met

Aged 5-11 years and impaired immune system AND any moderate to high risk criteria met

Can definitive condition be diagnosed and treated in an out of hospital setting?

Yes

Treat definitive condition and / or provide information to safety net

No

Send patient urgently for emergency care (setting with facilities for resuscitation)

