



Sepsis

Suspect sepsis in the patient with ≥ 1 Risk Factor + ≥ 1 qSOFA criteria

Risk Factors

<ul style="list-style-type: none"> neuro: \downarrow mental alertness, neck stiffness, headache 	<ul style="list-style-type: none"> abdomen: pain, diarrhoea, distension
<ul style="list-style-type: none"> urine: dysuria, frequency, odour 	<ul style="list-style-type: none"> chest: cough, SOB, pneumonia
<ul style="list-style-type: none"> immunocompromised 	<ul style="list-style-type: none"> recent surgery / invasive procedure / indwelling medical device
<ul style="list-style-type: none"> recent history of fever / rigors 	<ul style="list-style-type: none"> cellulitis / septic arthritis / wound infection

qSOFA criteria

- Respiratory Rate ≥ 22
- sBP ≤ 100 mmHg
- GCS < 15

MANAGEMENT

ICP	General supportive care	AP
ICP	Transport to hospital	AP

Septic Shock

Any suspected septic patient + any of the below clinical features

- Mottled or cold peripheries
- Capillary refill time > 3 seconds
- Systolic BP < 90 mmHg
- Purpuric rash
- Lactate > 2

MANAGEMENT

ICP	IV/IO fluids as per CMG 14(c) <i>Aggressive fluid therapy up to sBP of 90mmHg, maintenance fluid thereafter (max 20ml/kg)</i>	AP
ICP	Adrenaline infusion if critically unwell or refractory shock post 20ml/kg fluid	
ICP	Check for meningococcal and manage as per CMG 38(a)	AP
ICP	Rapid transport and early hospital notification	AP

PAEDIATRICS

- Refer to paediatric reference cards for age appropriate vital signs.
- \diamond Presence of ≥ 1 risk factor PLUS 1 vital sign outside normal parameters - **suspect sepsis**
- A child who is bradycardic and/or hypotensive is pre-arrest and requires immediate intervention