Sepsis

**How to spot sepsis in children**

If your child is unwell with either a fever or very low temperature (or has had a fever in the last 24 hours), call 999 and just ask: could it be sepsis?

**A child may have sepsis if he or she:**

1. Is breathing very fast
2. Has a fit or convulsion
3. Looks mottled, bluish, or pale
4. Has a rash that does not fade when you press it
5. Is very lethargic or difficult to wake
6. Feels abnormally cold to touch

**A child under 5 may have sepsis if he or she:**

1. Is not feeding
2. Is vomiting repeatedly
3. Has not passed urine for 12 hours

From the UK Sepsis Trust

**Fever**

If in doubt, ask a senior clinician: “Could this be sepsis?”

Never be complacent about tachycardia.

Traffic light system for identifying risk of serious illness

- **Traffic light guidelines:**
  - Red: Immediate medical attention required
  - Amber: Aftercare needed
  - Green: Normal behaviour

**Red flag symptoms**

- High temperature
- New onset of unexplained tachycardia
- Absent or delayed response
- Nasal flaring
- Cold hands and feet
- Confusion
- Irritability
- Acute change in condition

**Green flag symptoms**

- Normal behaviour
- Regular temperature
- Crying
- Growth and development
- Purposeful play
- Normal language

**Clinician’s guidance**

- Neonates and small babies
- Young infants (under 6 months)
- Children

**Where to go:**

- Emergency department
- Paediatrician
- Paediatric 

And for families: [https://patient.info/health/fever](https://patient.info/health/fever)

It is obviously very important not to miss the tell-tale signs of sepsis in a child. But how do we differentiate safely between a child with severe illness and “a fever” in the Emergency Department without meaning a lactate in every child with a high temperature?

Child and adult safeguarding is the responsibility of all of us. Eg. a front line healthcare worker may be the only person to have unsupervised access to a victim of modern slavery.

Would you know what to do?

Can’t remember how it might present? Who to refer to? Other types of abuse? All the answers are available in one place on an NHS app [http://www.myguideapps.com/nhs_safeguarding/default]. Install it now for all your child, adult and indeed staff, safeguarding needs.

Child safeguarding CPD requirements: The full, collegiate document of who needs what level of training and the requirements for ongoing CPD is at: [https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_Roles_and_Competences_for_Homecare_Staff_Third_Edition_March_2014.pdf](https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_Roles_and_Competences_for_Homecare_Staff_Third_Edition_March_2014.pdf) (due for update this year).

**Level 3 core:** adult ED practitioners (8 hours of relevant CPD within a year of appointment, followed by 6 hours refresher training over each period of 3 years (or 2 hours per year))

**Level 3 requiring specialist knowledge and skill:** GPs, HVs, paediatricians, children’s nurses, children’s ED practitioners, midwives, allied health professionals working predominantly with children (16 hours of relevant CPD within a year of appointment, followed by a minimum 2-16 hours refresher training over each 3 period)

All staff working in a healthcare setting need **Level 1 training**, all clinical and non-clinical staff in regular contact with children (eg. GP receptionists) need **Level 2**. [http://www.e-lfh.org.uk/home/](http://www.e-lfh.org.uk/home/) is a good place to start for on-line basic training. Contact your local designated or named safeguarding nurse or doctor if you think you or your staff are behind on these training requirements. Keep a log of your on-line and face-to-face training, attendance at strategy meetings, writing a court report, safeguarding audit etc. as evidence of your learning. Reflections on what you read in the Paediatric Pearls newsletters on different aspects of child safeguarding and following the links we provide would also count. Modern slavery this month, ACEs in August and on-line safety coming up in October.

**SEPSIS versus FEVER**

**Is it necessary to test for sepsis?**

- **Severe sepsis:** at higher risk of death
- **Moderate sepsis:** at lower risk of death
- **Non-severe sepsis:** at lowest risk of death

**Fever in children**