

Wesley Children's Hospital Sepsis Screening Tool

SCORING CRITERIA

PATIENT VITAL SIGNS (2 OR MORE)		PATIENT AGE						
Please Check if Abnormal	Vital Signs	Newborn 0d– 1 wk	Neonate 1 wk– 1 mo	Infant 1 mo– 1 yr	Toddler/Preschool >1 year– 5 years	School Age >5 yr– 12 yr	Adolescent >12 yr– 19 yr	
Temp	_____C°	<36 or >38	<36 or >38	<36 or >38	<36 or >38	<36 or >38	<36 or >38	
Systolic BP	_____mm/ Hg	<60	<70	<70	<70 + (age x 2 years)	<70 + (age x 2 years)	<90	
Heart Rate	_____bpm	<100 or >180	<100 or >180	<90 or >180	>140	>130	>110	
Respiratory Rate	_____bpm	>50	>40	>34	>22	>18	>14	
RISK FACTORS (+ 1 FROM ANY CATEGORY BELOW)		COMMON SOURCES OF INFECTION (CAN BE CONFIRMED OR SUSPECTED)						
		fever >100.4 (38 C) 4 hours prior to admit, skin/soft tissue inflammation, blood stream infection, acute abdominal infection, pneumonia, empyema, meningitis, encephalitis, neutropenic fever, joint infection, bone infection, wound infection, endocarditis, UTI						
		HIGH RISK CURRENT/ PAST MEDICAL HISTORY						
		any history or malignancy, asplenia (including sickle cell disease), bone marrow transplant, central or indwelling line/catheter, solid organ transplant, severe MR/CP, autism, immunodeficiency, immunocompromised, or immunosuppressed						
		FINDINGS COMPATIBLE WITH SEPTIC SHOCK						
Cap Refill	cold shock: ≥ 3 seconds, warm shock: <1 second (flash)							
Mental Status	decreased, irritability, confusion, inappropriate crying or drowsiness, poor interaction with parents lethargy, diminished arousability, obtunded							
Pulse Quality	cold shock: decreased or weak, warm shock: bounding							
Skin	petechiae below nipple, any purpura, mottled and cool, flushed, ruddy, erythroderma other than face							

Wesley Children's Hospital Positive Sepsis Screen Pathway




Time Zero (Presentation Time): _____ Date: _____

Sepsis Screening Was Positive, What Do I Do Next?

After positive screen occurs, please restart screening process 72 hours from "above time zero"

Restart Date: _____ Time: _____

TIME:

<p>Sepsis is a Medical Emergency!</p> 	<ul style="list-style-type: none"> • Call 2-3131 to notify pediatric sepsis team (document time the team arrives to patient bedside) • Administer oxygen via non-rebreather mask • Initiate vital signs q5 minutes • Pediatric sepsis provider to assess and confirm sepsis (if confirmed, continue with response plan) • Obtain sepsis box 	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>Time is Ticking!</p> 	<ul style="list-style-type: none"> • Establish IV/IO access (if unable to obtain access, stat page procedure team) • Provider to order labs, antibiotics, and fluid resuscitation if needed • Obtain blood cultures, lactate, and CBCM as ordered • Push isotonic bolus #1 as ordered (rapid hand push or pressure bag only) 	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<p>Complete all the Above Within 1 Hour!</p> 	<ul style="list-style-type: none"> • Administer antibiotics after blood cultures (DO NOT DELAY ANTIBIOTICS FOR BLOOD CULTURES) • Push isotonic fluid bolus #2 as ordered/indicated • Review lab results • Push isotonic fluid bolus #3 as ordered/indicated 	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

IF HYPOTENSION, POOR PERIPHERAL PULSES, MENTAL STATUS, OR CAP REFILL DOES NOT IMPROVE AFTER 30 ML/KG TOTAL FLUID BOLUS ANTICIPATE TRANSFER TO PICU FOR INCREASED LEVEL OF CARE AND POSSIBLE VASOPRESSORS

*** This is a guideline that is not meant to override clinical decision making***