### Wesley Children’s Hospital Sepsis Screening Tool

**SCORING CRITERIA**

<table>
<thead>
<tr>
<th>PATIENT VITAL SIGNS (2 OR MORE)</th>
<th>PATIENT AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please Check if Abnormal</strong></td>
<td><strong>Newborn 0d–1 wk</strong></td>
</tr>
<tr>
<td><strong>Temp</strong> C°</td>
<td>&lt;36 or &gt;38</td>
</tr>
<tr>
<td><strong>Systolic BP</strong> mm/Hg</td>
<td>&lt;60</td>
</tr>
<tr>
<td><strong>Heart Rate</strong> bpm</td>
<td>&lt;100 or &gt;180</td>
</tr>
<tr>
<td><strong>Respiratory Rate</strong> bpm</td>
<td>&gt;50</td>
</tr>
</tbody>
</table>

**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: ____**

### Sepsis is a Medical Emergency!

- 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

### Time is Ticking!

- 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)

### Complete all the Above Within 1 Hour!

- 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

---

**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*