

COMMUNITY PAEDIATRIC SEPSIS PATHWAY

Use for all patients aged 11 years and under

RAISE THE FLAG // Could it be Sepsis?

Sepsis is a life-threatening emergency and can happen to anyone. Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

SEPSIS RISK FACTORS

- Māori or Pacific ethnicity
- Incomplete immunisation
- Socio-economic deprivation

- Infants < 12 months
- Chronic medical conditions
- Immunosuppressed

- Recent trauma, surgery/procedure, or hospital admission
- Previous sepsis event

RECOGNISE

Date, time started, initial

DD / MM / YY 00:00²⁴ HR AB

Is the presentation consistent with **suspected** or **confirmed** infection? → **NO** → Exit sepsis pathway*

↓ YES

Does patient meet ANY of the following criteria?

Appears seriously unwell

Whānau or carer is very concerned

↑ NO

↓ YES

RED FLAGS

- Persistent, severe, or unexplained tachypnoea
- Persistent, severe or unexplained tachycardia
- Fever > 38.5°C **AND** child < 6 weeks old
- Purpuric rash
- Perfusion changes (mottled/cold extremities/capillary refill 3 seconds or more)
- Reduced GCS / change in mental status (confusion, difficult to rouse, irritable)

Age (yrs)	Tachypnoea (RR)		Tachycardia (bpm)	
	Severe	Moderate	Severe	Moderate
< 1	≥ 70	55 - 69	≥ 180	170 - 179
1-4	≥ 55	45 - 54	≥ 160	150 - 159
5-11	≥ 45	35 - 44	≥ 155	140 - 154

ONE OR
MORE
RED FLAG

NO RED FLAG

If >1 flag ticked or deterioration, consider



**Start
Sepsis Six
NOW**

*In case of deterioration restart screening

Community Sepsis Pathway
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Health New Zealand
Te Whatu Ora

Health Quality & Safety Commission
Te Tāhū Hauora

This pathway is to be filed in patient record
and is intended for use by all clinicians

Family name

Given name Gender

AFFIX PATIENT LABEL HERE

DOB NHI

AMBER FLAGS

- Persistent whānau concern
- Oxygen saturation < 92% in air
- Rigors or temp > 39°C
- Moderate tachycardia/tachypnoea (see table)
- Acute leg pain
- Significant cardiac, respiratory or neuro-disability comorbidity

↓ ≥ 1 flag ticked

↓ No flag ticked – Exit pathway*

- If >1 flag ticked, have a lower threshold for treating as Red Flag Sepsis
- Consider urgent investigations, advice, and observation
- Use judgement to decide if can be managed in the community
- Ensure antibiotics given <3 hours if indicated

SEPSIS SIX

Perform as many of these steps as possible

1. Arrange immediate ambulance transfer to hospital. State Red Flag Sepsis. Inform family/whānau of transfer with suspected sepsis.
2. Advise paediatric or emergency team of patient's arrival and seek senior help, if available.
3. Give oxygen via a non-rebreather mask.
4. Attempt IV access, take a blood culture and a blood glucose.
5. Give IV or IM 50mg/kg ceftriaxone, maximum 2g.
6. Give 20mL/kg IV bolus of 0.9% saline, repeat with 10-20mL/kg bolus if clinically indicated, hypotensive or signs of poor perfusion.

If discharging, provide written advice and arrange review at 24-48 hours.