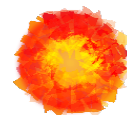


# GDP Paediatric Sepsis Decision Support Tool For Primary Dental Care

To be applied to all children **under 5 years** who have a suspected source of orofacial/dental infection (including postoperative infection) or have clinical observations outside normal limits



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SEPSIS  
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1. In the context of presumed infection, are any of the following true:

(consider other common sources: pneumonia, meningitis/encephalitis, urinary tract infection, intra-abdominal infection, acquired bacteraemia (e.g. Group B Strep))

Patient looks very unwell

Parent or carer is very concerned

There is ongoing deterioration

Physiology is abnormal for this patient

Tick

N

Low risk of sepsis. Consider other diagnoses. Use clinical judgment to diagnose and treat potential sources of infection e.g. perform tooth extraction.

Give safety netting advice: call 999 if child deteriorates rapidly, or call 111/ arrange to see GP or GDP if condition fails to improve or gradually worsens. Provide an information leaflet on the signs/symptoms of sepsis and emergency contact details.

↑ N

2. Is ONE Red Flag present?

Unresponsive to social cues/ difficult to rouse

Health professional very worried

Weak, high pitched or continuous cry

Grunting respiration or apnoeic episodes

SpO<sub>2</sub> < 90%

Severe tachypnoea (see table)

Severe tachycardia (see table)/ bradycardia < 60

No wet nappies/ not passed urine in last 18 h

Non-blanching rash or mottled/ ashen/ cyanotic

Temperature < 36°C

If under 3 months, temperature > 38°C

Tick

N

3. Any Amber Flag criteria?

Parent or clinician remains very concerned

Abnormal response to social cues/ not smiling

Reduced activity, very sleepy

Parent/ carer reports behaviour is abnormal

Moderate tachypnoea (see table)

SpO<sub>2</sub> < 91% OR nasal flaring

Moderate tachycardia (see table)

Capillary refill ≥ 3 seconds

Reduced urine output

Pale or flushed

Leg pain or cold extremities

Tick

↓ Y

Sepsis likely

Use clinical judgment to determine whether child can be managed in the primary care setting. If treating in the primary care setting, consider:

- identifying and treating potential sources of infection
- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

*If immunity impaired refer for urgent hospital assessment*

**Red Flag Sepsis!**

Dial 999 and state the child has 'Red Flag Sepsis'

Arrange blue light transfer

Administer oxygen to maintain saturations >94%

Write a brief clear handover

Ensure crew pre-alert as 'Red Flag Sepsis'

Age	Tachypnoea		Tachycardia	
	Severe	Moderate	Severe	Moderate
< 1 y	≥ 60	50-59	≥160	150-159
1-2 y	≥ 50	40-49	≥150	140-149
3-4 y	≥ 40	35-39	≥140	130-139