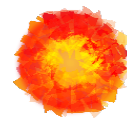


GDP Paediatric Sepsis Decision Support Tool For Primary Dental Care

To be applied to all children **aged 5-11 years** who have a suspected source of orofacial/dental infection (including postoperative infection) or have clinical observations outside normal limits



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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))

- Tick
- Patient looks very unwell
 - Parent or carer is very concerned
 - There is ongoing deterioration
 - Physiology is abnormal for this patient

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?

- Tick
- Objective change in behaviour or mental state
 - Doesn't wake if roused or won't stay awake
 - Looks very ill
 - SpO₂ < 90% on air
 - Severe tachypnoea (see chart)
 - Severe tachycardia (see chart)
 - Bradycardia (< 60 per minute)
 - Not passed urine in last 18 h
 - Mottled, ashen or blue skin, lips or tongue
 - Temperature < 36°C

N →

3. Any Amber Flag criteria?

- Tick
- Parent or clinician remains very concerned
 - Behaving abnormally/ not wanting to play
 - Significantly decreased activity/ parental concern
 - SpO₂ < 92% on air
 - Moderate tachypnoea (see chart)
 - Moderate tachycardia (see chart)
 - Cap refill time ≥ 3 seconds
 - Reduced urine output
 - Leg pain
 - Cold feet or hands

↓ Y

Sepsis likely

Use clinical judgment to determine whether the 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
5	≥ 29	27-28	≥130	120-129
6-7 y	≥ 27	24-26	≥120	110-119
8-11 y	≥ 25	22-24	≥115	105-114