Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Sepsis in Children

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Sepsis in Children

Patient Information

Paediatrics

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Introduction

Sepsis is a medical emergency and has potential life-changing consequences if not treated in an urgent and timely manner. It is a rare but serious complication of an infection in the blood and without quick recognition and prompt treatment, Sepsis can lead to multiple organ failure, shock and death.

If diagnosed early, Sepsis can be treated successfully; however, symptoms can be difficult to distinguish.

What causes Sepsis in Children?

Sepsis occurs when the body reacts abnormally to an infection.

When a child develops Sepsis within the first month after birth, it is known as Neonatal Sepsis.

Risks for Neonatal Sepsis include:

- The mother has a bug called ‘group B streptococcus’ infection whilst pregnant.
- The baby is premature.
- The baby is delivered more than 24 hours after the mother’s waters break.

Older infants and chlidren are susceptible to infection, given their immune systems are still growing and adapting.

Infections that give rise to Sepsis are common and can include respiratory infections, such as lower respiratory tract /chest infection, urine infections, infected wounds and insect bites.

Can Sepsis be treated?

Yes – If Sepsis is recognised early enough, the outlook is good for the vast majoirty of people, therefore it is crucial not to delay seeking medical attention.

Life-saving treatment for Sepsis is relatively straightforward, especially if this is recognised early enough.

What are the signs of Sepsis in Children?

The signs of Sepsis can be difficult to spot in children and they can often be masked. As there is not one specific sign or symptom for the diagnosis of Sepsis in children, a number of factors are taken into consideration.

If your child experiences any of the following symptoms, act immediately and seek medical help urgently.

The following symptoms require immediate attention:

- **A temp greater than or equal to 38 in babies under 3 months or immuno-compromised children**
- **A temp greater than or equal to 38.5 in any child or young person under 16yrs**

- **Difficulties in breathing**
- **Skin colour is blue, mottled or very pale**
- **Tongue or lips are blue**
- **Rashes that do not fade when a clear, see through glass is pressed over the rash known as the ‘Glass test’**
- **Reduced feeding**
- **Persistent vomiting and/or diarrhoea**
- **Reduced wet nappies**
- **Less engaging than usual**
- **Unable to rouse or wake child**
- **Floppy baby**
- **Confusion in older children**
- **Irritablity**

How is Sepsis treated?

The Sepsis 6 is commonly referred to when discussing treatment for Sepsis. This is a recommended care bundle referring to medical interventions which, when delivered within a 60 minute timeframe,have been observed to improve outcomes for people with Sepsis

These interventions in a hospital setting include:

- Review by a Senior Clinician

- Oxygen therapy, if required
- Blood samples to review organ functions and inflammatory markers, including samples which are cultured in laboratories to observe bacteria growth.
- Intravenous Antibiotics based on the presenting infection.
- Intravenous Fluids, if required
- The monitoring of urine, clinical observations and blood tests.

Admission to intensive care may be needed to care for children if they are critically unwell. Sepsis can be very serious if not treated quickly and in these cases, children may require close monitoring.

What about the Parent?

As a parent, being told your child may have Sepsis and being admitted to hospital can be very distressing for you as well as your child, and there are questions you may need answering.

It is important that you speak with the teams involved in your child's care and discuss any questions and concerns you have, so they can be addressed.

What happens after Sepsis?

Sepsis is often treated on a presumption or suspicion and the majority of children who have been treated will make a full recovery.

All children are different and therefore recovery will occur at different rates. Some children may have a challenging or difficultrecovery . You will be reviewed by your consultant in the outpatient clinic. If there are any complications following the illness, these will be managed in clinic with appropriate referrals if needed.

Returning to normal life after Sepsis can be very daunting both physically and psychologically; therefore people may benefit from receiving support.

Speaking to a GP, friends, colleagues or charities can help support people and their families.

Charities that can help:

https://sepsistrust.org/

https://sepsisresearch.org.uk/

Sepsis-Manual-Sixth-Edition.pdf (sepsistrust.org)



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