American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Outpatient Setting

Pediatric Sepsis Checklist for Rapid Recognition and Immediate Action

Disclaimer: For informational purposes only; not a validated screening or diagnostic tool and not a substitute for independent clinical judgment

1. Initial Screen

- ❑ Fever
- ❑ Lethargy
- ❑ Poor feeding (infants)
- ❑ Vomiting or lower urine output
- ❑ Suspected or confirmed infection

There should be a higher level of concern for high-risk patients, including:

- Age < 3 months (especially < 1 year if applicable in setting)
- Immunocompromised
- Have a chronic illness (asthma, diabetes, heart disease, etc.)
- Had a recent surgery/hospitalization
- Has a medical device (eg, any device requiring a port, G-tube or urinary catheter)

If yes to any of the above = check for red flags

2. Check for Red Flags (this should be done quickly)

a. Appearance
- ❑ Altered mental status
- ❑ Pale, mottled, bluish skin

b. Vitals
- ❑ Tachycardia (age-based)
- ❑ Tachypnea
- ❑ Hypotension (**LATE** sign)
- ❑ Oxygen if Sp02 < 92%
- ❑ Weak Pulse

c. Perfusion
- ❑ Capillary refill* > 2–3 seconds
- ❑ Cold hands/feet (not related to environment)

d. Respiratory
- ❑ Labored breathing/retractions/grunting

***Instructions on how to check capillary refill:**
Capillary refill time is the time it takes for color to return to an external capillary bed after pressure has caused blanching (turning white).

1. Make sure the child is warm, and arms and/or hands are at heart level.
2. Press on a fingertip or nail bed.
3. Hold for 5 seconds, then let go and watch the color return.
4. If it takes longer than 2–3 seconds, it may mean poor blood flow.

If any of the red flags are identified, call 911 immediately.

3. If SEPSIS SUSPECTED — ACT IMMEDIATELY

Call EMS/Arrange Transfer
- ❑ Activate emergency transport

a. Airway/Breathing
- ❑ Position airway
- ❑ Give oxygen if Sp02 < 92%

b. Circulation
- ❑ Keep warm
- ❑ Establish IV/IO access (if available)

c. Fluids
- ❑ 10–20 mL/kg isotonic fluid bolus (if available)
- ❑ Reassess after each bolus (if there is time)

d. Glucose
- ❑ Check blood glucose (if available)
- ❑ Treat hypoglycemia

4. Antibiotics (if available)

- ❑ Give broad-spectrum antibiotics ASAP (goal: within one hour)
- ❑ Do NOT delay transfer to administer

5. Handoff to ED

- ❑ Relay "Pediatric Sepsis Concern"
- ❑ Provide vitals and trends
- ❑ Report on treatments given
- ❑ Note time of onset

6. Documentation

- ❑ Time of recognition
- ❑ Vital signs
- ❑ Interventions + timing
- ❑ Patient response

Early EMS activation saves time and lives

KEY POINTS

- Hypotension is a late sign in children
- Tachycardia + delayed capillary refill are early clues
- **When in doubt → escalate care**

RESOURCES

Pediatric Sepsis Awareness for Clinicians (American Academy of Pediatrics)

Sepsis (Centers for Disease Control and Prevention)

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