

Summary of changes: Paediatric Sepsis Pathway (2024)

The Clinical Excellence Commission (CEC) have revised the adult, maternal, paediatric and neonatal sepsis pathways to align with the national [Sepsis Clinical Care Standard](#) and current evidence-based guidelines. Improvements were also made in response to recommendations from NSW clinicians and expert working groups.

This document provides a summary of the changes to the CEC Paediatric Sepsis Pathway. Further resources to support local implementation are available on [CEC website](#).

Section	Change
OVERVIEW	<p>The sepsis pathway is a clinical decision support tool for initial sepsis recognition and management. This pathway is to be used for babies from 28 days corrected age. For babies under 28 days of age the CEC Neonatal sepsis pathway should be used.</p> <p>The sepsis management plan (previously Page 4) has been removed in response to feedback from NSW Health clinicians. The ongoing sepsis management plan should now be documented in the respective patients' health care record, be discussed with the Attending Medical Officer (AMO) and communicated with the clinical team. Management plans should include close observation and frequency of vital sign monitoring, any repeat investigations (e.g. lactate, cultures) plans to review and revise antimicrobial treatment.</p>
RECOGNISE (Page 1)	<p>Revised wording and icons to define use of the pathway and exclusions.</p> <p>Added "Could it be sepsis?" as a key prompt; aligns with sepsis NSW messaging and the Sepsis Clinical Care Standard</p> <p>Added definition of sepsis and time-critical medical emergency.</p> <p>Revised the signs and symptoms to include "severe unexplained pain", "change in behaviour and decreased level of consciousness".</p> <p>Revised risk factors to include "complex medical history" and "worsening with the same illness".</p> <p>Added "Aboriginal and Torres Strait Islander people" as a high-risk and vulnerable population group for sepsis.</p> <p>Added "Parental, carer, or clinician concern".</p> <p>Added laboratory features of severe illness / organ dysfunction statement.</p> <p>Added specific Red and Yellow Zone observation criteria.</p>
RESPOND & ESCALATE (Page 1)	<p>Added "Does the senior clinician consider the patient has sepsis?" to assist with management.</p> <p>Changed terminology to "probable" and "possible" sepsis to align with definition of sepsis and timeframes to treat.</p>

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Section	Change
RESUSCITATE (Page 2)	Removed triage data collection section.
	Updated formatting to include action list of interventions rather than A-G structure.
	Added visual clock cues to support time critical interventions.
	Added “Consult with Paediatrician / Emergency Physician / ICU / NETS”
	Added “obtain vascular access within 5 minutes (intraosseous access if no vascular access)”
	Added volume of blood required for blood culture for paediatric.
	Added reminder of “do not wait for test results: commence fluids and antibiotics”
	Added links to Therapeutic: Antibiotic Guidelines and Australian Paediatric Clinical Practice Antibiotic Guidelines as recommended treatment guidance.
REASSESS & REFER (Page 2)	Added specific Red and Yellow Zone criteria to encourage recognition of persistent signs of deterioration following fluid resuscitation. This includes addition of “ OR hypoglycaemia, acidosis, low white cell count or abnormal coagulation ”
	Added “Referral to local / regional paediatric experts, Intensive Care and NETS” (with contact number for NETS)
	Added advice on preparing adrenaline and link to NETS Clinical Calculator .