

ACTIVITY & BODY

- Less interested than usual in playing
- Difficult to wake up or unusually sleepy
- Swelling of a limb or joint
- Not using/putting weight on an arm, leg, hand or foot
- Have had an operation or medical procedure in the last 6 weeks

UK Sepsis Trust (2021)

Sepsis risk factors

- Babies younger than 1 year old
- Children whose immune system is weak because of illness or medicine
- Children who take steroids or other strong medicine for a long time
- Children who had surgery or a medical procedure in the last 6 weeks
- Children with broken or damaged skin (like cuts, burns, blisters, or skin infections)
- Children who have medical tubes or lines in their body (like catheters)
- If one baby in a multiple birth (like twins or triplets) has an infection or might have an infection
- Children with learning disabilities or any condition which makes communication difficult

How is sepsis treated?

When doctors think someone might have sepsis, they do tests to find out where the infection is and what kind of germ (or “bug”) is causing it.

They usually start by giving antibiotics straight away. Antibiotics are medicines that kill bacteria. If later, the tests show that the infection wasn’t caused by bacteria, the antibiotics will be stopped because they won’t help.

The type of antibiotic given depends on where the infection might be, like in the chest, tummy, or bladder. Doctors also keep a close eye on how well the body is working, especially important parts like the brain, heart, lungs, kidneys, and liver.

If needed, the person might be given, oxygen to help with breathing, fluids through a drip to keep the body

hydrated and medicine to help raise low blood pressure. Sometimes, surgery is needed to remove the source of the infection. This can happen with problems like a burst appendix, an infected gallbladder, kidney stones, or an abscess (a pocket of pus).

Where can you find more information and support?

To learn more about sepsis, read the Humber Health Partnership & UK Sepsis Trust leaflet:

Sepsis: A Guide for Patients and Relatives

Link: <https://www.hey.nhs.uk/patient-leaflet/could-it-be-sepsis/> Or scan the QR code with your phone camera.



For information & sepsis survivors or bereavement support visit the UK Sepsis Trust charity:

Website: <https://sepsistrust.org/> Helpline: 08088000029

To find excellent videos, podcasts and other information to help understand more about sepsis, visit the Sepsis Research FEAT Charity website. Link: <https://sepsisresearch.org.uk/>

Sepsis Specialist Nurses: Post-Sepsis Telephone Follow-Up Clinic

If you’ve been treated for sepsis during your hospital stay and want to discuss your case or need help with recovery, book a follow-up appointment with a Sepsis Specialist Nurse by calling: **Phone: 01482 461072**

This is not an urgent service. Do not contact this number if you suspect sepsis or need urgent help.

This service is available only at Hull University Teaching Hospitals.

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact The Sepsis Team on 01482 461072.

This leaflet was produced by The Sepsis Team, Humber Health Partnership and will be reviewed in 3 years from publication.

Ref: HEY1556/2025

Author: Laura Davis - Clinical Nurse Specialist for Sepsis

Review Date: 30 April 2028

Print Code: IFP XXXX



Humber Health
Partnership

Sepsis safety netting advice

For children (aged 0-15 years) & their parents/guardians

The Sepsis Team:
Department of Infection,
Specialist Cancer and Support Services
July 2025

Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire & Goole NHS Foundation Trust

**United by Compassion:
Driving for Excellence**

Introduction

This leaflet is suitable for children aged 0-15 years, at high risk of infection or sepsis, or those with a suspected or confirmed infection.

It provides general information about sepsis, including its signs and symptoms, risk factors for severe infection, and when and where to seek help.

It is not a substitute for a discussion with your doctor but may serve as a starting point. If you have concerns or need more information after reading it, please speak to a healthcare professional.

What is sepsis?

Sepsis is a severe condition that can be fatal if not recognised and treated early.

Sepsis is a very serious illness. It happens when your body has an infection, and your immune system overreacts, or struggles to fight the infection.

This can make your organs (like your heart, lungs, kidneys, or brain) stop working properly. If sepsis is not found and treated quickly, it can be life-threatening.

Sometimes, sepsis can get even worse and turn into something called septic shock. This means that your blood pressure becomes very low. When that happens, your body can't get enough blood to your organs, and this can be very dangerous.

Any infection in the body, like a chest infection, a urine infection, a sore or wound, or even a tummy bug, can lead to sepsis. Bacteria cause most cases of sepsis, but it can also be caused by viruses (like flu or COVID-19), and sometimes by fungi or parasites (like malaria).

Most infections don't develop into sepsis, but we need to recognise the signs and symptoms to make sure we seek help quickly.

Serious bacterial infections can sometimes enter the blood stream. This is called blood poisoning or septicaemia.

Sepsis is not the same as blood poisoning, but they can sometimes happen together.

To help you spot the signs and symptoms of sepsis, we have listed them here as red and amber flags: -

RED FLAG SIGNS OF SEPSIS:

Call 999 and seek urgent help

RED FLAGS: If your child has one or more of these signs, call 999 immediately to seek urgent help

- Temperature over 38°C in babies under three months
- Temperature over 39°C in babies aged three to six months
- Any high temperature in a child who cannot be encouraged to show interest in anything
- Low temperature (below 36°C, check three times in a 10-minute period)

BREATHING

- Finding it much harder to breathe than normal – looks like hard work
- Making 'grunting' noises with every breath (in newborns this may sound like a lamb bleating)
- Very fast breathing (more than one breath each second in babies)
- Can't say more than a few words at once (for older children who normally talk)
- Breathing that obviously 'pauses'

SKIN LIPS & TONGUE

- Skin is blue, mottled (purplish, red) or very pale (this may be harder to see on darker skin)
- Lips or tongue are bluish
- Eyes look 'sunken'
- Hands and feet are unusually cold to touch
- Rash that does not fade when pressed firmly (use a clear glass)

EATING & DRINKING

- New baby under one month old with no interest in feeding
- Not drinking for more than eight hours (when awake)
- Extremely thirsty
- Unable to keep fluids down
- Constantly vomiting (being sick and unable to keep fluids down) for more than 24 hours
- Vomit / sick that is bile-stained (green), bloody or black

TOILET/NAPPIES

- Not had a wee or wet nappy for 12 hours

ACTIVITY & BODY

- Soft spot on a baby's head is bulging
- Child cannot be encouraged to show interest in anything
- Baby is floppy
- Weak, 'whining' or continuous crying in a younger child
- Older child who is confused (unable to think clearly)
- Not responding or very irritable / unsettled
- Hard to wake up, won't stay awake or doesn't seem to recognise you
- Stiff neck, especially when trying to look up and down, or light sensitivity

UK Sepsis Trust (2021)

AMBER FLAG SIGNS OF SEPSIS:

If your child is ill and has *one or more* of these amber flags, seek an urgent appointment with your G.P. Or at an urgent treatment centre

TEMPERATURE

- Raised temperature (more than 37.5°C) for five days or more
- Shivering or shaking

BREATHING

- Nostrils change size with each breath
- Breathing that's noisy or sounds 'crackly'
- Cough that sounds like a seal barking

SKIN, LIPS & TONGUE

- Unusually pale skin
- Dry mouth, lips and/or tongue

EATING & DRINKING

- Baby who is not feeding (taking less than half their usual amount of milk)
- Eating much less than normal
- Has vomited (been sick) more than twice in the last 24 hour

TOILET/NAPPIES

- More than five watery poos (diarrhoea) in the last 24 hours in babies younger than one year of age
- Only one wee or wet nappy in eight hours

continued overleaf