

Facilitator Instructions

Approximate time to complete this huddle is 15 minutes. It is meant to be delivered as an open dialogue. It can be completed with one person, or with a small group. Facilitate participants through a review of the [Child Health BC Provincial Pediatric Sepsis Toolkit](#) using the script below. Once the toolkit has been introduced, teams can practice using the screening tool and clinical care algorithm through use of a sepsis simulation scenario.

Learning Objectives

1. Increase awareness of the Provincial Pediatric Sepsis Toolkit
2. Identify signs and symptoms that would prompt a sepsis screen, including those built in BC Pediatric Early Warning System (BC PEWS)
3. Describe initial management of septic shock in pediatric patients

Background

- Sepsis is a significant cause of morbidity and mortality in children, particularly in those under two years of age.
- Each year over 300, children are diagnosed with Sepsis in BC. If sepsis is not recognized early and managed promptly, it can lead to septic shock, organ dysfunction, and death.
- Child Health BC has collaborated with partners across B.C. to establish a new provincial guideline in a convenient toolkit for use with pediatric patients presenting to emergency departments, urgent care settings or admitted to an inpatient care setting.
- Patient partners were engaged to inform the development of the parent/caregiver resources included in the toolkit.
- **Sepsis is treatable. Early recognition & management are key to optimizing patient outcomes, preventing long-term complications and death.**

Introduce the Toolkit

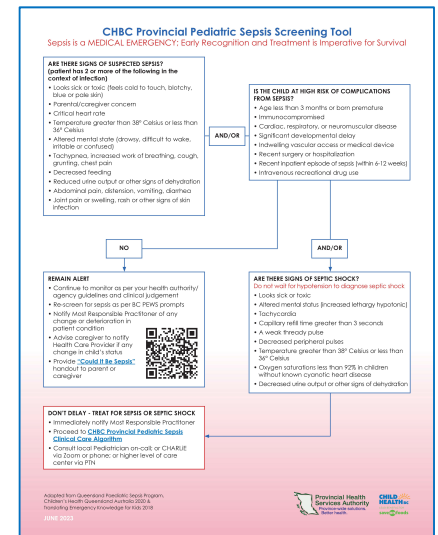
The Provincial Pediatric Sepsis Toolkit is a set of resources to assist clinicians with identifying and managing pediatric sepsis. The toolkit is designed to be used alongside BC PEWS (ED). The toolkit includes:

- ✓ [CHBC Provincial Pediatric Sepsis Recognition and Management Guideline](#)
- ✓ [CHBC Provincial Pediatric Sepsis Screening Tool](#)
- ✓ [CHBC Provincial Pediatric Sepsis Clinical Care Algorithm](#)
- ✓ [Could It Be Sepsis? Infographic](#)
- ✓ [Parent/Caregiver Information Booklet: When your Child has Sepsis: Information about Sepsis, Care and Recovery](#)

Sepsis Screening

Using the questions below engage participants in a discussion on sepsis screening and recognition.

- When should patients be screened for sepsis?
Each pediatric patient should be screened for sepsis at triage or primary assessment, upon admission, transfer between care areas or if prompted by PEWS (ED) during reassessment.
- What signs and symptoms would prompt you to suspect sepsis?
Refer to the [CHBC Provincial Pediatric Sepsis Screening Tool](#).
- What are the sepsis screening prompts built in BC PEWS (ED)?
BC PEWS (ED) will prompt a re-screen for sepsis if there is a critical heart rate, if temperature is greater than 38° Celsius or less than 36° Celsius or if the PEWS score increases by 2.

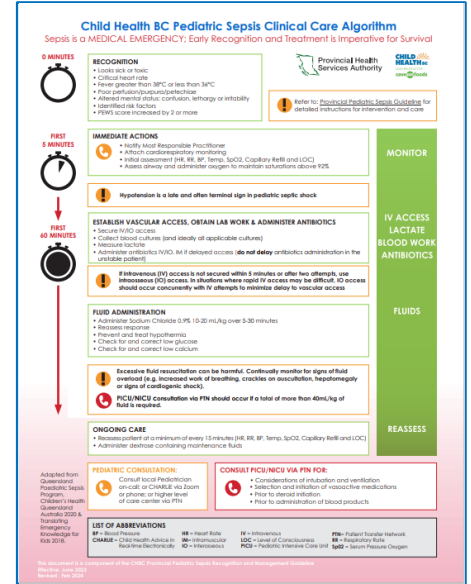


Child Health BC Provincial Pediatric Sepsis Toolkit

Huddle Facilitator Guide

Sepsis Recognition and Initial Management

- What immediate actions should you take if you suspect your patient has sepsis?
Immediately notify the Most Responsible Practitioner (MRP) and follow the recommendations outlined on the [CHBC Provincial Pediatric Sepsis Clinical Care Algorithm](#).
- What do you anticipate to be the priority care interventions?
Facilitate discussion with participants using the sequence & interventions outlined on the clinical care algorithm. Including:
 - *Early fluid resuscitation and broad-spectrum antibiotics should be administered as soon as possible within 1 hour of recognition of septic shock or when there is a high likelihood of sepsis*
 - *obtain blood cultures before initiating antimicrobial therapy where this does not substantially delay antimicrobial administration*
 - *Excessive fluid resuscitation can be harmful, causing additional risks to the child and complexities in their management. The conservative recommendation to administer Sodium Chloride 0.9% 10-20 mL/kg over 5-30 minutes allows providers to cautiously proceed with initial resuscitation and monitor for signs of fluid overload. **This is a change from previous fluid management guidance for pediatric sepsis***
 - *Fluid should be titrated to clinical response while continually monitoring for signs of fluid overload (e.g. increased work of breathing, crackles on auscultation, hepatomegaly) or signs of cardiogenic shock (e.g. murmur, persistent shock despite fluids)*



Parents/Caregivers Resources

The following two documents were created as part of the toolkit. Several language translations are available on the [Child Health BC Pediatric Sepsis Webpage](#):

- A one-page infographic titled [Could It Be Sepsis?](#)
- A parent/caregiver information booklet, [When Your Child has Sepsis: Information about Sepsis, Care and Recovery](#)

Additional Resources

The following resources will support your team in learning more about the pediatric sepsis toolkit and can be found on the [Child Health BC Pediatric Sepsis Webpage](#):

- [CHBC Provincial Pediatric Sepsis Toolkit for ED and Urgent Care Settings Webinar](#) This 10 minute recording provides an overview of the toolkit and highlights the key recommendations within the pediatric sepsis guideline.
- [Pediatric Sepsis Toolkit Factsheet](#)
- [CHBC Provincial Pediatric Sepsis Toolkit Frequently Asked Questions \(FAQ\)](#)
- [Pediatric Sepsis Simulation Scenario for ED Settings](#)
- [Pediatric Sepsis Simulation Scenario for Inpatient Settings](#)

In addition, we have collaborated with Sepsis Alliance to utilize their child-focused resources:

- [You have Sepsis. Now What? Your guide to what you may see and feel while in hospital](#)
- [You Can Help Stop Germs From Making You Sick](#) (Text based version for children with neurodiversity)
- [You Can Help Stop Germs From Making You Sick](#) (Visual based version for children with neurodiversity)

Contact

Questions and/or feedback can be sent to CHBCEducation@phsa.ca