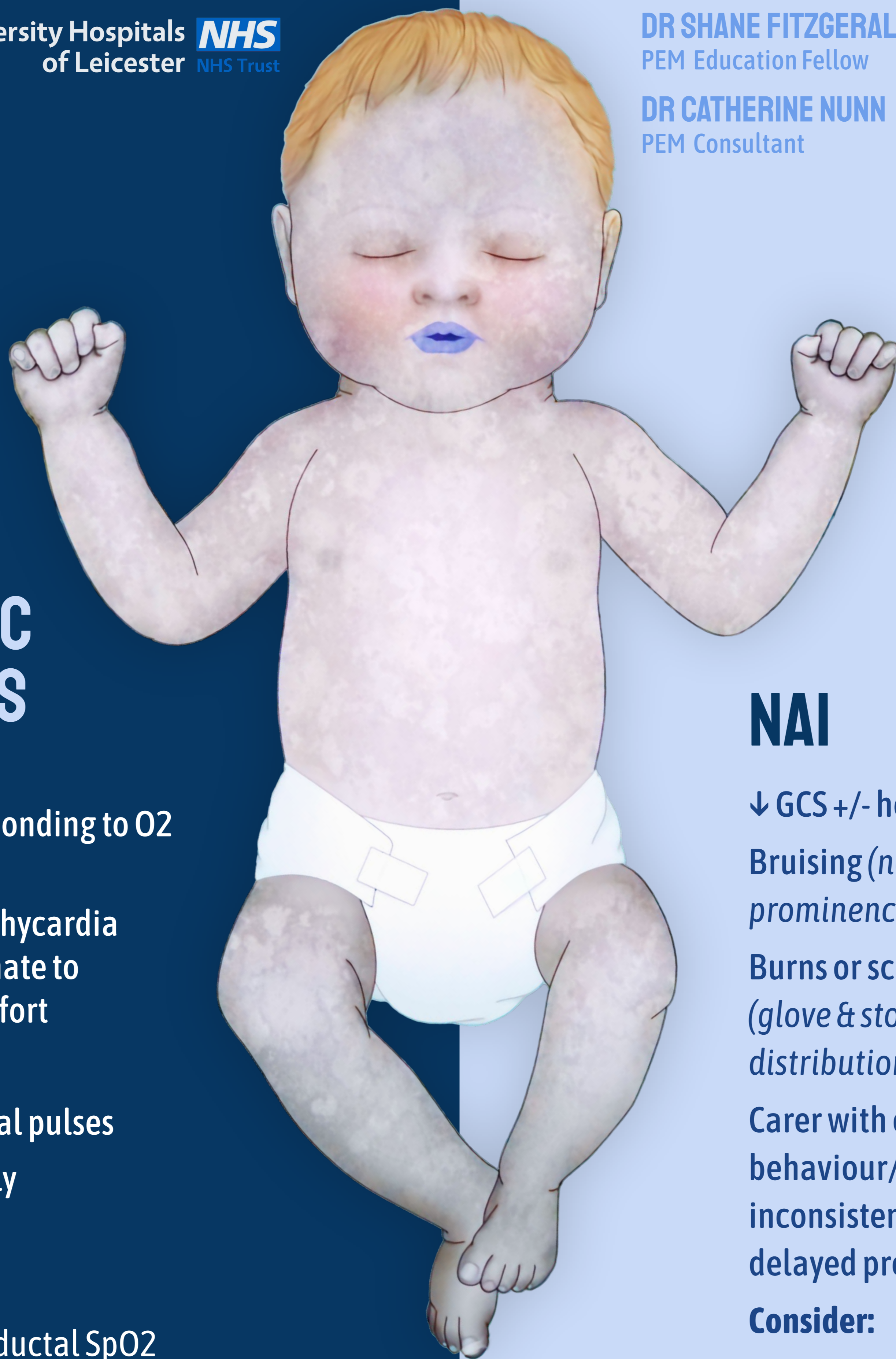


SICK BABY?

University Hospitals
of Leicester **NHS**
NHS Trust

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SEPSIS

Grunting or Respiratory
Distress

Apnoeas

Tachycardia

Temperature $\geq 38^{\circ}\text{C}$ or $< 36^{\circ}\text{C}$

METABOLIC

Hypotonia

Hypoglycaemia

Metabolic acidosis

Hepatomegaly

Consider:

- Blood gas
- Ammonia (on ice)
- Serum AA
- Urinary OA
- Acylcarnitine profile

CARDIAC LESIONS

Cyanosis

SpO2 not responding to O2
support

Hypoxia & tachycardia
disproportionate to
respiratory effort

Murmur

Absent femoral pulses

Hepatomegaly

↑ Lactate

Consider:

- Pre & post-ductal SpO2
- 4 limb BP
- ECG & CXR
- Consider Prostin infusion
early

Lethargy, drowsiness
Vomiting, poor feeding
Mottled, cold peripheries

REMEMBER!

Each diagnosis is not mutually exclusive
→ Keep an open mind, the septic child may
have a primary underlying pathology

If the baby is unwell treat for sepsis:

1. Give High flow O2
2. Obtain IV/IO access & blood tests (blood
cultures, blood gas, FBC, U&E, CRP)
3. Antibiotics IV/IO
4. Consider fluid resuscitation
5. Involve senior clinicians early
6. Consider inotropic support early

NAI

↓ GCS +/- head injury

Bruising (*non-bony
prominences*)

Burns or scalds
(*glove & stocking
distribution*)

Carer with concerning
behaviour/affect,
inconsistent history or
delayed presentation

Consider:

- Safeguarding A-form
on Nervecenter
- Senior review
- Neuroimaging

SURGICAL ABDOMEN

Palor

Abdominal distension

Tachycardia

↑ Lactate

Consider:

- Fluid resuscitation
- Surgical consult
- Abdominal U/S

...JUST THINK