

KISS: NICE Sepsis Guidance [NICE NG51](#)

"COULD THIS BE SEPSIS?"		Risk Category		
		HIGH	MODERATE to HIGH	LOW
RESPIRATORY				
Resp rate (breaths per minute)	<1y	60+	50-59	No higher risk criteria met
	1-2y	50+	40-49	
	3-4y	40+	35-39	
	5y	29+	24-28	
	6-7y	27+	24-26	
	8-11y	25+	22-24	
	12y+ and adults	25+	21-24	
O2 sats	<5y	<90%	<91% air	
	5-11y	<90%	<92%	
	12y+ and adults	New need for O2 to maintain sats >92% (or 88% in COPD)	-	
Other	<5y	Grunting, apnoea	Nasal flaring	
CARDIAC				
Heart rate (beats per minute)	<1y	160+ (or <60)	150 – 159	No higher risk criteria met
	1-2y	150+ (or <60)	140 – 149	
	3-4y	140+ (or <60)	130 – 139	
	5y	130+ (or <60)	120 – 129	
	6-7y	120+ (or <60)	110 - 119	
	8-11y	115+ (or <60)	105 - 114	
	12y+ and adults	>130 (or <60)	91 - 130	
	Pregnancy	-	100 - 130	
Blood pressure	12y+ and adults	SBP <90 or >40mmHg below normal	SBP 91 - 110mmHg	
	≤11y	No recommendations		
Cap Refill Time	≤11y	No higher risk criterion	3sec+	-
	12y+ and adults	No recommendations		
Urine Output	≤11y	-	Reduced urine output	-
	12y+ and adults	No PU in 18hrs, or <0.5ml/kg/hr if catheter	No PU in 12-18hrs, or 0.5-1ml/kg/hr if catheter	-
TEMPERATURE				
	<3m	38°C+	<36°C	-
	3-6m	39°C+	<36°C	
	>6m	No higher temp	<36°C	
SKIN				
	All ages	Mottled or ashen appearance, cyanosis, non-blanching rash	Signs of potential infection at surgical site or breakdown of wound	Normal colour <5y; no non-blanching rash
OTHER				
	≤11y	-	Leg pain, cold hands/feet	-

KISS: NICE Sepsis Guidance

		Risk Category		
		HIGH	MODERATE to HIGH	LOW
BEHAVIOUR				
	<5y	No response to social cues	No smile	Content and smiles
		Appears ill to HCP	Wakes only with prolonged stimulation	Stays awake or awakens quickly
		Does not wake, or if roused does not stay awake	Decreased activity	Strong normal cry or not crying
		Weak high-pitched or continuous cry	Parent/carer concern child is behaving differently from usual	
	5-11y	Objective evidence of altered behaviour or mental state	Not behaving normally	Behaving normally
		Appears ill to the HCP	Decreased activity	
		Does not wake or if roused does not stay awake	Parent or carer concern that the child is behaving differently from usual	
	12y+ and adults	Objective evidence of new altered mental state	New onset of altered behaviour/mental state	Normal behaviour
			Acute deterioration of functional ability	
			Impaired immune system	
			Trauma, surgery or invasive procedures in the last 6 weeks	

- **High risk criteria – 1 or more**, or if <17yo and impaired immunity (drugs or illness) with any mod-high risk criteria
 - **Refer all people with suspected sepsis for emergency medical care by “most appropriate means of transport” (usually 999):**
 - UK Sepsis Trust also recommends 1) pre-alert paramedics this is red flag sepsis, 2) administer O2 to keep sats >94% (88-92% if COPD), 3) if estimated transfer time >1hr give IV antibiotics, and 4) write concise, clear handover for medical teams
 - If meningococcal disease is suspected give benzyl penicillin in the community
 - Suspect neutropenic sepsis in patients on anticancer treatment who become unwell
 - Refer for immediate secondary care assessment

- **Moderate to high risk criteria – 1 or more**
 - Identify the source; use clinical judgment to decide whether to treat in the community
 - ***If a clinical diagnosis is not reached or the patient cannot be safely treated in the community refer them urgently for emergency care***

- **Low risk but suspected sepsis** – careful safety netting, explain how and when to seek further medical review (e.g. mod>high risk feature call 111/see GP urgently), signpost of information