

Full septic screen

Information for patients, parents and guardians

You have been given this factsheet because your child's doctor has decided that they need a course of tests known as a 'full septic screen'.

This may be because your child has a high temperature (fever) or other symptoms that we cannot fully explain.

High temperatures are common in children but are more unusual in small babies. A temperature may be a sign of an infection which could make your child very unwell. There are a number of different conditions which may cause your child to be unwell, so tests will be done to exclude or identify these.

An important condition that we are trying to exclude is meningitis.

There are three stages involved in a full septic screen:

Collection of a urine sample

A urine sample needs to be collected to make sure that your child doesn't have a urine infection. There are different ways this can be done:

Collect a sample in a sterile pot

One way is for you to collect a sample of urine into a sterile pot.

How to do this:

- make sure your child is completely clean in their nappy area
- wait for them to pass urine (wee) into a sterile bowl. Make sure you hold the bowl on the outside to avoid contaminating the sample and affecting the results.

It's important that you don't:

- put your fingers on the rim or inside the bowl
- let your baby put their hands or feet inside the bowl
- sit your baby in the bowl

If we're unable to get a urine sample this way we might have to use another method, either using a small catheter or a technique called supra pubic aspiration.

Catheter

This method involves putting a catheter (small plastic tube) through your child's urethra into their bladder to obtain the sample. The catheter would then usually be removed again.

Supra public aspiration

This involves thoroughly cleaning the skin on your child's lower tummy area and inserting a small needle directly through the skin into their bladder and drawing out urine. This is called a 'supra pubic aspiration'.

Sometimes a second urine sample may be needed to confirm results.

Blood tests and a cannula

We will collect and send a selection of blood tests to the lab. These look for different signs of infection and check that a range of systems in the body are working properly.

At the same time we often put a cannula into a vein, through which we can give fluids and medicines if your child needs them. It's not always possible to get all the bloods we need or to put a cannula in at the first attempt.

Lumbar puncture

A lumbar puncture is performed under sterile conditions and involves putting a needle into the lower back to remove some of the fluid that surrounds the spinal cord and brain. This is known as cerebral spinal fluid (CSF). This fluid is then sent for analysis to look for signs of meningitis.

You are welcome to watch the lumbar puncture procedure, but many parents find it distressing and would prefer not to. This is your choice. Parents often find the procedure unpleasant to watch as we need to hold your child still and in a tightly curled position to perform the test. Because the test environment must be kept sterile, you will not be able to touch your child during the procedure. We advise that you wait nearby ready to cuddle them afterwards.

You may have heard that a lumbar puncture can cause headaches, but small children do not seem to suffer with headaches after this procedure in the same way that many adults do.

The results

You will get some of the results within three to four hours. However, some of the most important results (cultures) will not be back for 48 hours. Culture samples show us if any bacteria are present in the blood, urine or CSF samples by leaving them in conditions that allow the bacteria to grow. This process takes at least 48 hours.

What happens next?

During the 48 hours that we are waiting for the results your child will be started on some antibiotics through their cannula. They will probably have to stay in hospital for further observation until the blood test results are back. In some cases, older children may be allowed home between doses of intravenous antibiotics. This will be decided by the doctor in charge of your child's care, after discussion with you.

If it is thought necessary, your child may be given some fluids into their cannula. This does not usually stop them from having a drink if they want.

If the blood results do not show signs of a bacterial infection, the antibiotics will be stopped and you will be allowed home. If the blood results are positive, further treatment will be needed. The length of treatment will depend on whether any bacteria have grown and which type of bacteria they are. Depending on these results, the further treatment may be given intravenously or orally.

Please ask a member of staff if there is anything you do not understand, or if you would like more information.

If you have any questions or concerns please contact

The paediatric assessment unit (PAU): 023 8120 3744

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone **023 8120 4688** for help.

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