

12 AUG 2019

10 Spring Gardens
London
SW1A 2BU
United Kingdom

+44 (0)300 323 0140

8 August 2019

Nigel Parsley
HM Senior Coroner
The Coroners Court and offices
Beacon House,
Whitehouse Road,
Ipswich IP1 5PB

Our ref: EH105153

Dear Mr Parsley,

I write in response to your letter dated 17 June 2019, regarding the death of Oliver Hall.

We have considered the circumstances surrounding Oliver's death and the concerns raised in your report. In particular, the concerns raised regarding the NICE guidance on treatment of sepsis and a perceived lack of clarity over the heart rate which should trigger a medical treatment response in an unwell 6 year old child.

We consider that the NICE guideline on sepsis: recognition, diagnosis and early management (NG51) is a relevant reference in this case.

Of particular relevance is recommendation 1.4.5 in the guideline, which says:

1.4.5 Recognise that children aged 5–11 years with suspected sepsis and any of the symptoms or signs below are at high risk of severe illness or death from sepsis:

- has objective evidence of altered behaviour or mental state, or appears ill to a healthcare professional, or does not wake (or if roused, does not stay awake)
- respiratory rate:
 - aged 5 years, 29 breaths per minute or more
 - aged 6–7 years, 27 breaths per minute or more
 - aged 8–11 years, 25 breaths per minute or more
 - oxygen saturation of less than 90% in air or increased oxygen requirement over baseline
- heart rate:
 - aged 5 years, 130 beats per minute or more

- aged 6–7 years, 120 beats per minute or more
- aged 8–11 years, 115 beats per minute or more
- or heart rate less than 60 beats per minute at any age
- mottled or ashen appearance
- cyanosis of the skin, lips or tongue
- non-blanching rash of the skin.

This is also set out in table 2, which is titled 'Risk stratification tool for children aged 5–11 years with suspected sepsis'.

The 2 heart rates mentioned in your report are 137 bpm and 120 bpm, both of which should have prompted the clinicians involved to refer to recommendation 1.5.1 of the guideline, which says:

1.5.1 Refer all people with suspected sepsis outside acute hospital settings for emergency medical care^[1] by the most appropriate means of transport (usually 999 ambulance) if:

- they meet any high risk criteria (see tables 1, 2 and 3) or
- they are aged under 17 years and their immunity is impaired by drugs or illness and they have any moderate to high risk criteria.

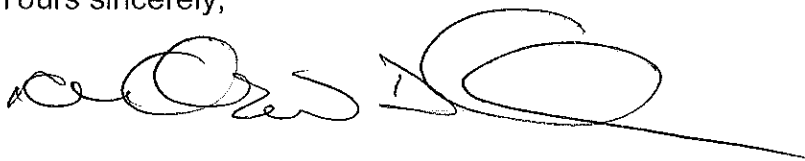
[1] Emergency care requires facilities for resuscitation to be available and depending on local services may be emergency department, medical admissions unit and for children may be paediatric ambulatory unit or paediatric medical admissions unit.

In addition to NICE guidance, our website provides access to Clinical Knowledge Summaries (CKS) which set out the current evidence base and best practice on more than 360 common and significant primary care presentations. These summaries are commissioned by NICE, but they are not formal NICE guidelines. They are authored by an external contractor using a development process that has been accredited by NICE.

Information in the CKS Meningitis topic has now been reviewed and amended to ensure this topic is consistent with information in the NICE guideline sepsis: recognition, diagnosis and early management (NG51).

An improved process for sharing information about new and updated NICE guidelines that impact primary care is being developed. This process will also provide the contractors with more focussed and current information on future NICE releases than is currently available and will ensure CKS topics can be scheduled for review and updated in as timely a manner as possible.

Yours sincerely,



Sir Andrew Dillon
Chief Executive