

After Patient Label here or record:

Name:

NHS No:

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Hosp No:

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D.O.B:

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 Male Female

Ward: Cons:

**SUSPECTED SEPSIS
SCREENING TOOL
FOR ALL PATIENTS OVER 18
YEARS OLD AND NEWS 5
AND ABOVE**

News..... Date..... Time..... Sig.....

Could this be due to an infection?	
Cough / sputum / chest pain	Headache with neck stiffness
Abdo pain / distension / diarrhoea	Dysuria / loin pain
Fever	Cellulitis / wound infection / device-related infection
Endocarditis	Septic arthritis
Immunosuppression	Yes / other site / source unclear

Low risk of sepsis

Use standard protocols, review if deteriorates

Form Complete

Could this be sepsis? 1 or more clinical signs of organ dysfunction (Red Flags/High risk criteria)?	
Systolic BP under 90mmHg or drop >40 from normal	
New need for oxygen to keep SpO2 over 92%	
AKI: Urine output under 0.5ml/kg/hr for 2 hours or no urine output for 18 hours	
Raised respiratory rate greater than 25 breaths / min	
Chemotherapy within 6 weeks Use Emergency Sepsis Pack	
Objective evidence of new altered mental state: ACVPU score C or less	
Heart rate greater than 130 bpm	
Lactate over 2mmol/l	
Non-blanching rash or mottled / ashen / cyanotic skin, lips or tongue	

No

1 or more Amber Flags / Moderate Risk criteria present?

Does the patient look **unwell**?

Recent **trauma/surgery/pregnancy**?

Relatives concerned about **mental status**?

Acute **deterioration** in functional ability?

Respiratory rate **21-24** or breathing hard

Heart rate **91-130** or new arrhythmia

Systolic BP **91-100mmHg**

Not passed urine in last **12-18** hours

Clinical sign of wound, device or skin **infection**

Temperature less than **36°C**

SEPSIS This is **Life Threatening** start the clock

Time Zero (24hr clock): Initials:

ALL Sepsis 6 actions MUST be completed within 1h	Time Complete	Reason not done	24hr review
Blood Cultures - Urine/sputum/wound samples for MC&S plus: FBC, U&E, LFT, CRP, Clotting and glucose			
IV Antibiotics as per Trust guidelines within an hour. Make Sure That They Are Given. Review antibiotic prescription within 72hours and/or if patient deteriorates			
Oxygen High flow 15l/min via non-rebreath mask. Target saturation 94% or more (COPD 88-92%)			
IV Fluids 500ml 0.9% STAT if SBP less than 90mmHg. Pt will require 30ml/kg fluid resuscitation (crystalloid) e.g. 2L Hartmann's for 70kg Pt. (consider 0.9% saline if potassium over 5.5mmol/l)			
Serial serum Lactate measurement			
Catheterise and Hourly fluid balance monitoring			

Yes

**Moderate risk of sepsis
Treat suspected infection**

Blood cultures

FBC / U&E / CRP / **Lactate** / Clotting

Antibiotics directed at source of infection (preferably after cultures **but Do Not delay** administration)

Reassess for **Sepsis** with hourly observations

Consider **IV fluid** therapy

Review by ST3+ Dr **Within 3H**

Form Complete

Escalate

Call (use SBAR): ST3+ Dr and Critical Care Outreach Team 0216/0217Alex / 421/422 WRH

Make a treatment escalation plan

Pt. sticker in Red Sepsis folder for audit

Consultant informed? Y N

Escalation to ICU appropriate? Y N

Treatment limitations? Y N

Form Complete

Review Response to 'Sepsis 6'. Consultant review if condition fails to respond **within 1h** of initial treatment if SBP <90 + lac >2 following recommended fluid resuscitation = **Septic Shock (>40% mortality)**

Call ICU Team Bleep 0933 Alex/ 702 WRH +/- consider CPR status

