

## Sepsis Screening & Action Tool

Affix Patient label	Staff member completing form:   Date (DD/MM/YY):   Name (print):   Designation:   Signature:							
Important: Is an end of life pathway in place? Yes Is escalation	on clinica	ally inappropriate? Yes initials Discontinue pathway						
1. Does patient look sick? or EWSS of 3 or more?	tick	N Low risk of sepsis Monitor for deterioration						
		▲N						
<ul> <li>2. Could this be due to an infection?</li> <li>Yes, but unclear at present</li> <li>Pneumonia</li> <li>Urinary tract infection</li> <li>Abdominal pain or distension</li> <li>Cellulitis /septic arthritis / infected wound</li> <li>Device related infection</li> <li>Meningitis</li> <li>Other (specify)</li> </ul>	tick	<b>4.</b> Any Amber Flag criteria?tickRelatives concerned about mental statusAcute deterioration in functional abilityImmunosupressedTrauma / surgery / procedure in last 6 weeksRespiratory rate 21 - 24Systolic BP 91 - 100 mmHgHeart rate 91 - 130 or new dysrhythmiaNot passed urine in last 12 - 18 hoursTemperature <36°C						
		Clinical signs of wound, device or skin infection						
3. Is any ONE Red Flag present?	tick							
Responds only to voice or pain / unresponsive Acute confusional state Systolic BP $\leq$ 90 mmHg (or drop >40 from normal) Heart rate > 130 per minute Respiratory rate $\geq$ 25 per minute Needs oxygen to keep SpO <sub>2</sub> $\geq$ 92% Non-blanching rash, mottled/ashen/cyanotic		time complete Initials Send bloods if 2 criteria present, consider if 1 To include FBC, U&Es, CRP, clotting Ensure urgent senior review Must review with results within 1 hour						
Not passed urine in last 18 h/UO<0.5ml/kg/hr		Is AKI present? (tick) yes 🗆 no 🗆						
Lactate $\geq 2 \text{ mmol/l}$		Y						
Recent chemotherapy								
Υ	_	time complete Initials Clinician to make antimicrobial prescribing decision within 3 hrs						

## Red Flag Sepsis!! Start Sepsis 6 pathway NOW (see overleaf)

This is time critical, immediate action is required

## Sepsis Six Pathway

Make a treatment escalation plan and decide on CPR stat Inform or senior clinician (ST3 or above) (use SBAR) patient has Red Flag Sepsis	:us	time zer	0	consultant informed? (tick)	initials	]
Action (complete ALL within 1 hour)			Re	eason not done	/ variance	
<ul> <li><b>1. Administer oxygen</b></li> <li>Aim to keep saturations &gt; 94%</li> <li>(88 - 92% if at risk of CO2 retention eg COPD)</li> </ul>	time com					
<b>2. Take blood cultures</b> At least a peripheral set. Consider eg CSF, urine, sputum. Think source control! Call surgeon/radiologist if needed CXR and urinalysis for all adults	time com					
<b>3. Give IV antibiotics</b> According to Trust protocol Consider allergies prior to administration Review microbiology results. Consider d/w microbiologist if already on antibiotics	time com					
<b>4. Give IV fluids</b> If hypotensive / lactate > 2mmol/l, 500ml stat. May be repeated if clinically indicated. Do not exceed 30 ml/kg unless clearly responding / following a senior review	time com					
<b>5. Check serial lactates</b> Corroborate high VBG lactate with arterial sample If lactate > 4mmol/I, call Critical Care Outreach Team and recheck after fluid resuscitation within a maximum of 2 hours	time com			not applicable -	initial lactate	
<b>6. Measure urine output</b> May require urinary catheter Ensure fluid balance chart commenced and completed hourly	time com					
<ul> <li>If, after delivering the Sepsis Six, patient still has:</li> <li>systolic BP &lt; 90 mmHg</li> <li>reduced level of consciousness despite resuscitation</li> <li>respiratory rate over 35 breaths per minute</li> <li>an initial lactate greater than 4 or not reducing</li> </ul>						

or if patient is clearly critically ill at any time

Urgent senior review, immediately call CCOT (bleep 1374) and consider contacting ICU registrar (on bleep 1319)