

# 'Could This Be Sepsis?'

## Sepsis Screening Tool

Setting: Adults, Trustwide  
For use by: Medical and nursing staff

To be applied to all non-pregnant adults (16 and over) with fever symptoms or who are unwell with any abnormal observations

**Staff member completing form:**

Date: .....  
Name (print): .....  
Designation: .....  
Signature: .....

**Patient details (affix label):**

Trust Number: .....  
NHS number: .....  
Surname: .....  
Forename: .....  
Gender: ..... DoB .....

**Observation time zero** .....

If TEPP in place discuss with clinician use of pathway.

Is sepsis pathway to be used? Yes  No

**1. Is NEWS 5 or more or 3 in one parameter**

OR does patient look sick?

Tick

Low risk of sepsis

Repeat observations as indicated by NEWS.

↑N

**2. Could this be an infection?**

Tick

- Yes, but source unclear at present
- Pneumonia
- Urinary tract Infection
- Abdominal source/bowel perforation
- Cellulitis/ septic arthritis/ infected wound
- Device related infection
- Meningitis
- Other (Specify: ..... )

N

**4. Any Amber Flag criteria?**

Tick

- Relative concerned about mental status
- Acute deterioration in functional ability
- Immunosuppressed
- Trauma/ Surgery/ procedure in last 6 weeks
- Respiratory rate 21-24 OR breathing hard
- Heart Rate 91-130 OR new arrhythmia
- Systolic B.P 91-100 mmHg
- Not passed urine in last 12—18 hours
- Temperature < 36°C
- Rigors
- Clinical signs of wound, device or skin infection

↓Y

**3. Is ONE Red Flag present?**

Tick

- Responds only to voice or pain / unresponsive
- Systolic B.P ≤ 90 mmHg (or drop > 40 from normal)
- Heart Rate > 130 per minute
- Respiratory rate ≥ 25 per minute
- New need for oxygen (> 40% O<sub>2</sub> or 5L) for SpO<sub>2</sub> ≥ 92%
- Non-blanching rash, mottled / ashen / cyanotic
- Not passed urine in last 18 hours
- Urine output less than 0.5 ml/kg/hr
- Lactate ≥ 2mmol/l (if already measured)
- Recent Chemotherapy (within 6 weeks)

N

If 2 criteria present, send Bloods  
Including blood cultures, lactate, FBC, U&Es, CRP,  
LFTs, clotting. Consider if 1 criteria

	Time Complete	Initials
	<input type="text"/>	<input type="text"/>
Contact Doctor to review	<input type="text"/>	<input type="text"/>
Time clinician Attended	<input type="text"/>	<input type="text"/>
Bloods reviewed	<input type="text"/>	<input type="text"/>

Is Lactate ≥ 2mmols/l  
&/or AKI present?

Y

N

Clinician to make antibiotic  
prescribing decision within 3hours

Time Completed	Initials
<input type="text"/>	<input type="text"/>

**This is SEPSIS!**  
**Start Sepsis 6 Pathway NOW**  
This is time critical, immediate action required.  
(See Overleaf)

# Sepsis Six Pathway

To be applied to all adults over 16 years of age with suspected or confirmed Red Flag Sepsis

Doctor confirms Sepsis: Yes / No

Time \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Grade \_\_\_\_\_ Bleep Number \_\_\_\_\_

## Action (complete ALL within 1 hour)

Action (complete ALL within 1 hour)	Time Complete	Initials	Reason not done/variance
<b>1. Administer oxygen</b> Aim to keep saturations 94%-98% (88-92% if at risk of CO <sub>2</sub> retention e.g. COPD)			
<b>2. Take blood and blood cultures</b> At least one peripheral set. Consider Urine dipstick (+/-specimen), Sputum, CSF. Consider CXR and imaging. <i>Think Source Control! Call surgeon if needed</i>			
<b>3. Give IV antibiotics</b> According to trust protocol (see link below) Consider allergies prior to administration <a href="http://connect/ClinicalCare/ClinicalPracticeGuidance/TrustwideClinicalPracticeGuidance/Antibiotics/Pages/default.aspx">http://connect/ClinicalCare/ClinicalPracticeGuidance/TrustwideClinicalPracticeGuidance/Antibiotics/Pages/default.aspx</a>			
<b>4. Give IV fluids</b> If hypotensive or lactate $\geq 2\text{mmol/l}$ give 500ml crystalloid stat Repeat if clinically indicated up to 30ml/kg			<input type="checkbox"/>
<b>5. Check serial lactates</b> Recheck lactate if $\geq 2\text{mmol/l}$ and/or if NEWS is increasing If Lactate $\geq 4\text{mmol/l}$ call responsible Consultant and Intensive Care			Not applicable—Initial Lactate $< 2\text{mmol/l}$
<b>6. Measure urine output</b> May require urinary catheter Ensure Fluid Balance chart commenced and completed hourly			

### Ongoing Sepsis Management Plan:

- Repeat lactate if indicated
- Document plan of care and review NEWS
- Check blood results, Xray and scan reports
- Antibiotic review within 48 hours
- Ensure patient/family are aware of sepsis and give them the patient sepsis information Leaflet (available on the DMS)

If after delivering the Sepsis Six, patient still has one of:

- Systolic BP  $< 90$  mmHg
- Reduced level of consciousness despite resuscitation
- Respiratory rate over 25 breaths per minute
- Lactate not reducing

*Or patient is clearly critically ill at any time, call responsible Consultant and Intensive Care immediately to review patient*