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ED/AMU Sepsis Screening & Action Tool



To be applied to all non-pregnant adults and young people over 12 years with fever (or recent fever) symptoms, or who are clearly unwell with any abnormal observations

Patient details (affix label): Important: Is an end of life pathway in place? Yes Is escalation cl	Staff member completing form: Date (DD/MM/YY): Name (print): Designation: Signature: Discontinue pathway
I. Does patient look sick? OR has NEWS (or similar) triggered?	Low risk of sepsis Use standard protocols, consider discharge (approved by senior decision maker) with safety netting
2. Could this be due to an infection? Yes, but source unclear at present Pneumonia Urinary Tract Infection Abdominal pain or distension Cellulitis/ septic arthritis/ infected wound Device-related infection Meningitis Other (specify:)	A. Any Amber Flag criteria? Relatives concerned about mental status Acute deterioration in functional ability Immunosuppressed Trauma/ surgery/ procedure in last 6 weeks Respiratory rate 21-24 Systolic B.P 91-100 mmHg Heart rate 91-130 OR new dysrhythmia Not passed urine in last 12-18 hours Temperature < 36°C Clinical signs of wound, device or skin infection
3. Is any ONE Red Flag present? Responds only to voice or pain/ unresponsive Acute confusional state Systolic B.P ≤ 90 mmHg (or drop >40 from normal) Heart rate > 130 per minute Respiratory rate ≥ 25 per minute	Send bloods if 2 criteria present, consider if I To include FBC, U&Es, CRP, LFTs, clotting Ensure urgent senior review Must review with results within I hour Is AKI present? (tick) YES Time complete Initials Initials NO
Needs oxygen to keep SpO ₂ ≥92% Non-blanching rash, mottled/ ashen/ cyanotic Not passed urine in last 18 h/ UO <0.5 ml/kg/hr Lactate ≥2 mmol/l Recent chemotherapy	Clinician to make antimicrobial prescribing decision within 3h If senior clinician happy, may discharge with appropriate safety netting

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

This is time critical, immediate action is required.

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Sepsis Six Pathway

THE UK SEPSIS TRUST

Consultant informed?

To be applied to all adults and young people over 12 years of age with suspected or confirmed Red Flag Sepsis

Make a treatment escalation plan and decide on CPR Inform consultant (use SBAR) patient has Red Flag Se		Time zero	(tick)	Initials
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Action (complete ALL within 1 hour)		Rea	son not done/vari	ance
I. Administer oxygen Aim to keep saturations > 94% (88-92% if at risk of CO ₂ retention e.g. COPD)	Time complete			
2. Take blood cultures At least a peripheral set. Consider e.g. CSF, urine, sputum Think source control! Call surgeon/ radiologist if needed CXR and urinalysis for all adults	Time complete Initials			
3. Give IV antibiotics According to Trust protocol Consider allergies prior to administration	Time complete Initials			
4. Give IV fluids If hypotensive/ lactate > 2mmol/I, 500 ml stat. May be repeated if clinically indicated- do not exceed 30ml/kg	Time complete Initials			
5. Check serial lactates Corroborate high VBG lactate with arterial sample If lactate >4mmol/l, call Critical Care and recheck after each 10ml/kg challenge	Time complete Initials		Not applicable- ir	itial lactate
6. Measure urine output May require urinary catheter Ensure fluid balance chart commenced & completed hourly	Time complete			

If after delivering the Sepsis Six, patient still has:

- systolic B.P < 90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing

Or if patient is clearly critically ill at any time

Then call Critical Care Outreach immediately!!

Space available for local short antimicrobial guideline/ escalation policy