SEPSIS SCREENING TOOL ACUTE ASSESSMENT

PATIENT DETAILS: __________________________ DATE: __________ TIME: __________
NAME: __________________________ DESIGNATION: __________________________ SIGNATURE: __________________________

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR NEWS-2 HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

☐ Age > 75
☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)
☐ Recent trauma / surgery / invasive procedure
☐ Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

☐ Respiratory
☐ Urine
☐ Skin / joint / wound
☐ Indwelling device

☐ Brain
☐ Surgical
☐ Other

03 ANY RED FLAG PRESENT?

☐ Objective evidence of new or altered mental state
☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
☐ Heart rate ≥ 130 per minute
☐ Respiratory rate ≥ 25 per minute
☐ Needs O₂ to keep SpO₂ ≥ 92%
☐ Non-blanching rash / mottled / ashen / cyanotic
☐ Lactate ≥ 2 mmol/l
☐ Recent chemotherapy
☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

04 ANY AMBER FLAG PRESENT?

☐ Relatives concerned about mental status
☐ Acute deterioration in functional ability
☐ Immunosuppressed
☐ Trauma / surgery / procedure in last 8 weeks
☐ Respiratory rate 21-24
☐ Systolic BP 91-100 mmHg
☐ Heart rate 91-130 or new dysrhythmia
☐ Temperature <36°C
☐ Clinical signs of wound infection

05 ANY AUBER FLAG PRESENT?

☐ Patients with known co-morbidities
☐ Patients with known complications
☐ Patients with known allergies
☐ Patients with known drug interactions

FURTHER REVIEW REQUIRED:

- SEND BLOOMS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

TIME OF REVIEW: __________

ANTIBIOTICS REQUIRED:

☐ Yes
☐ No

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS
SEPSIS SCREENING TOOL - THE SEPSIS SIX

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COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 OXYGEN IF REQUIRED
AIM FOR O₂ SATURATIONS OF 94-98%

02 OBTAIN IV / IO ACCESS, TAKE BLOODS
BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es
LUMBAR PUNCTURE IF INDICATED

03 GIVE IV ANTIBIOTICS
TO LOCAL POLICY, CONSIDER ALLERGY STATUS
ANTIVIRALS MAY ALSO BE REQUIRED

04 CONSIDER IV FLUIDS
IF LACTATE IS ABOVE 2 mmol/L GIVE FLUID BOLUS 20 ml/kg WITHOUT DELAY
IF LACTATE >4 mmol/L CALL CRITICAL CARE.

05 SERIAL LACTATE MEASUREMENT
NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

06 MONITOR URINE OUTPUT +/- CTG

RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

RECORD ADDITIONAL NOTES HERE:
e.g. allergy status, arrival of specialist teams, variance from Sepsis Six