

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR **MEOWS** HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

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

02 COULD THIS BE DUE TO AN INFECTION?

YES

LIKELY SOURCE:

- Respiratory
- Urine
- Breast abscess
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY **RED** FLAG PRESENT?

YES

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

*lactate may be raised in & immediately after normal delivery

YES

RED FLAG SEPSIS

START

SEPSIS SIX

04 ANY **AMBER** FLAG PRESENT?

NO

- Acute deterioration in functional ability
- Respiratory rate 21-24
- Heart rate 100-129 or new dysrhythmia
- Systolic BP 91-100 mmHg
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
- Temperature $<$ 36°C
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG / fetal tachycardia >160

YES

FURTHER REVIEW REQUIRED:

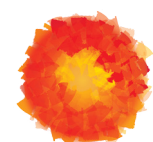
- SEND BLOODS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

TIME OF REVIEW: ■ ■ : ■ ■

ANTIBIOTICS REQUIRED:

Yes No

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS



THE UK SEPSIS TRUST

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 OXYGEN IF REQUIRED

AIM FOR O₂ SATURATIONS OF 94-98%

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

02 OBTAIN IV / IO ACCESS, TAKE BLOODS

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es
LUMBAR PUNCTURE IF INDICATED

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

03 GIVE IV ANTIBIOTICS

TO LOCAL POLICY, CONSIDER ALLERGY STATUS
ANTIVIRALS MAY ALSO BE REQUIRED

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

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.

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

05 SERIAL LACTATE MEASUREMENT

NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

06 MONITOR URINE OUTPUT +/- CTG

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

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