SEPSIS SCREENING TOOL ACUTE ASSESSMENT

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

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

RED FLAG SEPSIS

START SEPSIS SIX

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
SEPSIS SCREENING TOOL - THE SEPSIS SIX

PATIENT DETAILS:  

DATE:  
NAME:  
DESIGNATION:  
SIGNATURE:  

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE SENIOR CLINICIAN ATTENDS  
NAME:  
GRADE:  

02 OXYGEN IF REQUIRED  
START IF O2 SATURATIONS LESS THAN 92% - AIM FOR O2 SATURATIONS OF 94-98%  
IF AT RISK OF HYPERCARBIA AIM FOR SATURATIONS OF 88-92%  

03 OBTAIN IV ACCESS, TAKE BLOODS  
BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING  
LUMBAR PUNCTURE IF INDICATED  

04 GIVE IV ANTIBIOTICS  
MAXIMUM DOSE BROAD SPECTRUM THERAPY  
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS  

05 GIVE IV FLUIDS  
GIVE FLUID BOLUS OF 20 ml/kg if age <16, 500ml if 16+  
NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY  

06 MONITOR  
USE NEWS-2. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER  
REPEAT LACTATE AT LEAST ONCE PER HOUR IF INITIAL LACTATE ELEVATED OR IF CLINICAL CONDITION CHANGES  

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