

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?

YES

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

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
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)

YES

RED FLAG SEPSIS

START
SEPSIS SIX

04 ANY AMBER FLAG PRESENT?

NO

- 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 $<36^{\circ}\text{C}$
- Clinical signs of wound infection

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

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

COMPLETE ALL ACTIONS WITHIN ONE HOUR**01 ENSURE SENIOR CLINICIAN ATTENDS**

NAME:

GRADE:

TIME

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

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%

TIME

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

03 OBTAIN IV ACCESS, TAKE BLOODS

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

TIME

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

04 GIVE IV ANTIBIOTICS

MAXIMUM DOSE BROAD SPECTRUM THERAPY
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS

TIME

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

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

TIME

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

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

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