SEPSIS SCREENING TOOL ACUTE ASSESSMENT

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR NEWS2 IS 5 OR ABOVE

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% (88% in COPD)
- 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
- Imunosuppressed
- 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

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

THE UK SEPSIS TRUST

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SEPSIS SCREENING TOOL - THE SEPSIS SIX

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE SENIOR CLINICIAN ATTENDS

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY. A SENIOR DECISION MAKER MAY SEEK ALTERNATIVE DIAGNOSES/DE-ESCALATE CARE. RECORD DECISIONS BELOW

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 NEWS2. 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, de-escalation of care, delayed antimicrobial decision making, variance from Sepsis Six