

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

## 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?

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 O<sub>2</sub> to keep SpO<sub>2</sub>  $\geq$  92% (88% in COPD)
- 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:

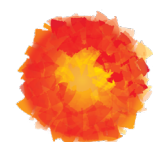
- SEND BLOODS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

TIME OF REVIEW:  :  :

ANTIBIOTICS REQUIRED:

Yes  No

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**



THE UK SEPSIS TRUST

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

**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:

TIME

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

**02 OXYGEN IF REQUIRED**

START IF O<sub>2</sub> SATURATIONS LESS THAN 92% - AIM FOR O<sub>2</sub> 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 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

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