**SEPSIS SCREENING TOOL ACUTE ASSESSMENT**

**SEPSIS SIX**

**RISK FACTORS FOR SEPSIS INCLUDE:**

- Age > 75
- Impaired immunity (e.g., diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

**COULD THIS BE DUE TO AN INFECTION?**

**LIKELY SOURCE:**

- Respiratory
- Urine
- Skin / joint / wound
- Indwelling device

**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)

**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

**FURTHER REVIEW REQUIRED:**

- Send bloods and review results
- Ensure senior clinical review within 1HR

**TIME OF REVIEW:**

**ANTIBIOTICS REQUIRED:**

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**
**SEPSIS SCREENING TOOL - THE SEPSIS SIX**

**AGE 12+**

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<th>PATIENT DETAILS:</th>
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**COMPLETE ALL ACTIONS WITHIN ONE HOUR**

1. **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:

2. **OXYGEN IF REQUIRED**  
   Start if \( \text{O}_2 \) saturations less than 92% – aim for \( \text{O}_2 \) saturations of 94-98%  
   If at risk of hypercarbia aim for saturations of 88-92%  
   - TIME:

3. **OBTAIN IV ACCESS, TAKE BLOODS**  
   Blood cultures, blood glucose, lactate, FBC, U&E, CRP and clotting  
   Lumbar puncture if indicated  
   - TIME:

4. **GIVE IV ANTIBIOTICS**  
   Maximum dose broad spectrum therapy  
   Consider: local policy/allergy status/antivirals  
   - TIME:

5. **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:

6. **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:

**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