SEPSIS SCREENING TOOL ACUTE ASSESSMENT

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR MEOWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:
- 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
- Breast abscess
- Urine
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

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

* lactate may be raised in & immediately after normal delivery

04 ANY AMBER FLAG PRESENT?

- Acute deterioration in functional ability
- Respiratory rate 21-24
- Heart rate 100-129 or new dysrhythmia
- Systolic BP 91-100 mmHg
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
- Temperature < 36°C
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG / fetal tachycardia >160
- Behavioural / mental status change

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

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

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**SEPSIS SCREENING TOOL - THE SEPSIS SIX**

**PREGNANT OR UP TO 6 WEEKS POST-PREGNANCY**

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**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 MEOWS. 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