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

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
<table>
<thead>
<tr>
<th>Step</th>
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| 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%  
**Time:** |
| 03   | Obtain IV Access, Take Bloods | Blood cultures, blood glucose, lactate, FBC, U&Es, CRP and clotting  
Lumbar puncture if indicated  
**Time:** |
| 04   | Give IV Antibiotics | Maximum dose broad spectrum therapy  
Consider: local policy/allergy status/antivirals  
**Time:** |
| 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:** |
| 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  
**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