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
- 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

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

PATIENT DETAILS:

DATE:  
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:  

02 OXYGEN IF REQUIRED
START IF O$_2$ SATURATIONS LESS THAN 92% - AIM FOR O$_2$ 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

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