SEPSIS SCREENING TOOL ACUTE ASSESSMENT — AGE 12+

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 ≤ 90 mmHg (or drop of >40 from normal)
- ☐ Heart rate ≥ 130 per minute
- ☐ Respiratory rate ≥ 25 per minute
- ☐ Needs O_2 to keep SpO_2 ≥ 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)

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°C
- ☐ Clinical signs of wound infection
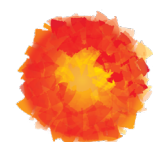
YES → FURTHER REVIEW REQUIRED:

- 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

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PATIENT DETAILS:

DATE: **TIME:**

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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:

TIME

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%

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 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

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