

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF **NEWS2** HAS TRIGGERED AND YOUR PATIENT IS LIKELY TO HAVE AN INFECTION

ADDITIONAL FACTORS PROMPTING SCREENING FOR SEPSIS INCLUDE:

- Carer or relative concern
- Recent chemotherapy/ known to be neutropenic
- Evidence of organ dysfunction (e.g. lactate >2mmol/l)

YES

CALCULATE NEWS2 SCORE USING LATEST VITAL SIGNS AND MEASURE LACTATE USING VBG

02 IS NEWS2 7 OR ABOVE? OR IS NEWS2 5 OR 6 AND ONE OF:

- Lactate > 2 mmol/L
- Chemotherapy in last 6 weeks
- Other organ failure evident (e.g. AKI)
- Patient looks extremely unwell
- Patient is actively deteriorating

NO

03 IS NEWS2 5 OR 6? OR IS NEWS2 1-4 AND ONE OF:

- Lactate > 2 mmol/L
- Chemotherapy in last 6 weeks
- Other organ failure evident (e.g. AKI)
- Patient looks extremely unwell
- Patient is actively deteriorating

YES

RED FLAG SEPSIS START SEPSIS SIX

YES

SEND FULL SET OF BLOODS

ENSURE SENIOR CLINICAL REVIEW WITHIN 60 MINUTES

IF ANTIMICROBIALS ARE NEEDED, THESE SHOULD BE GIVEN AND A PLAN MADE FOR ESCALATION & SOURCE CONTROL WITHIN 3 HOURS

I have prescribed antimicrobials

This patient does not require antimicrobials as:

- I don't think this patient has an infection
- Patient already on appropriate antimicrobials
- Escalation is not appropriate
- Other _____

NAME:

GRADE:

DATE:

TIME: ■ ■ : ■ ■

SIGNATURE:

NO AMBER CRITERIA = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

PATIENT DETAILS:

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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.

TIME

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02 GIVE 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

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03 SEND BLOODS INCLUDING CULTURES

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING LUMBAR PUNCTURE IF INDICATED

TIME

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04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

MAXIMUM DOSE BROAD SPECTRUM THERAPY
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW

IF SOURCE AMENABLE TO DRAINAGE ENSURE ACHIEVED AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

TIME

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05 GIVE IV FLUIDS

GIVE IN DIVIDED FLUID BOLUSES OF 500ml
NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

TIME

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06 MONITOR

USE NEWS2. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER
REPEAT LACTATE AT LEAST HOURLY IF INITIAL LACTATE ELEVATED OR IF CLINICAL CONDITION CHANGES

TIME

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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

