

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

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

RISK FACTORS FOR SEPSIS INCLUDE:

- Impaired immunity (e.g. steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin
- Gestational diabetes

## 02 IS THIS LIKELY TO BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Urine
- Breast abscess/mastitis
- Chest
- Abdominal
- Infected caesarean/perineal wound
- Chorioamnionitis or endometritis

NO

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

- Objective evidence of new or altered mental state
- Systolic BP  $\leq 90$  mmHg (or drop of  $>40$  from normal)
- Heart rate  $\geq 130$  per minute
- Respiratory rate  $\geq 25$  per minute
- Needs O<sub>2</sub> to keep SpO<sub>2</sub>  $\geq 92\%$
- Non-blanching rash / mottled / ashen / cyanotic
- Lactate  $\geq 2$  mmol/l\*
- Not passed urine in 18 hours ( $<0.5$ ml/kg/hr if catheterised)

\*lactate may be raised in & immediately after normal delivery

YES

**RED FLAG SEPSIS**  
START  
**SEPSIS SIX**

## 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  $< 36^{\circ}\text{C}$
- 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

YES

**FURTHER REVIEW REQUIRED:**

**SEND FULL SET OF BLOODS  
ENSURE SENIOR CLINICAL REVIEW WITHIN 60 MINUTES**

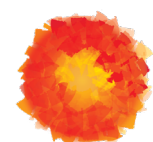
**IF ANTIMICROBIALS ARE NEEDED, THESE SHOULD BE GIVEN AND A PLAN MADE FOR ESCALATION & SOURCE CONTROL WITHIN 3 HOURS**

TIME OF REVIEW:  :  :

ANTIBIOTICS REQUIRED:

Yes  No

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**



THE UK  
SEPSIS  
TRUST

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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 OXYGEN IF REQUIRED

START IF O<sub>2</sub> SATURATIONS LESS THAN 92% - AIM FOR O<sub>2</sub> 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 MEOWS. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER  
REPEAT LACTATE AT LEAST ONCE PER HOUR 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, intentional delayed antimicrobial decision making, variance from Sepsis 6