START THIS CHART IF SEPSIS IS SUSPECTED Factors prompting screening for sepsis include: NEWS2 has triggered Carer or relative concern Recent chemotherapy / risk of neutropenia Consider any advance directive or care planning carefully CALCULATE NEWS2 USING LATEST VITAL SIGNS Always interpret vital signs and NEWS2 in context of medical history, medications and response to treatment

ORIS NEWS2 7 OR ABOVE? ORIS NEWS2 5 OR 6 AND ONE OF: Any one NEWS2 parameter with score of 3

Mottled or achen skin

Mottled or ashen skin

☐ Non-blanching rash

Cyanosis of skin, lips or tongue

Patient looks extremely unwell

Patient is actively deteriorating

Risk of neutropenia (chemotherapy, immunosuppression)

YES.

RED FLAG SEPSIS START PH BUNDLE

15 NEWS25 OR 6? OR IS NEWS21-4 ANDONE OF:

Any one NEWS2 parameter with score of 3Mottled or ashen skin

☐ Non-blanching rash

☐ Cyanosis of skin, lips or tongue

☐ Patient looks extremely unwell

☐ Patient is actively deteriorating

Risk of neutropenia (chemotherapy, immunosuppression)

FURTHER ASSESSMENT ^V & REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION

- COMMUNICATE POTENTIAL RISK OF SEPSIS AT HANDOVER

- RECALCULATE NEWS2 AT LEAST EVERY 60 MINS AND ESCALATE TO RED FLAG IF APPROPRIATE

NO AMBER FLAGS OR UNLIKELY SEPSIS?: Routine care - Consider other diagnosis - Safety net and signpost as per local guidance

PH SEPSIS BUNDLE:

RESUSCITATION& TREATMENT:

Oxygen to maintain saturations of >94% (88% in COPD) 250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive

CONSIDER IV ANTIBIOTICS IF TRANSIT TIME > 1h (and if not already given e.g. by GP)

COMMUNICATION:

Pre-alert receiving hospital
Divert to ED (or other agreed destination)
Handover presence of Red Flag Sepsis



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