

PATIENT DETAILS:	DATE:	TIME:
	NAME:	
	DESIGNATION:	
	SIGNATURE:	

01

START THIS CHART IF SEPSIS IS SUSPECTED
Factors prompting a sepsis screen include (NB normal/ low temperature does not exclude sepsis):

☐ NEWS2 has triggered

☐ Patient looks unwell

☐ Carer or relative concern

☐ Evidence of organ dysfunction (e.g. lactate >2mmol/l)

☐ Recent chemotherapy / risk of neutropenia

☐ Assessment gives clinical cause for concern

Consider any advance directive or care planning carefully. People who are frail, have communication difficulties, who are socioeconomically deprived or from minority ethnic groups are at higher risk.

YES

CALL FY2+ TO COMPREHENSIVELY RISK ASSESS
Measure lactate and calculate NEWS2 using latest vital signs
Always interpret vital signs and NEWS2 in context of medical history, medications and response to treatment

02

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

☐ Any one NEWS2 parameter with score of 3

☐ Mottled or ashen skin

☐ Non-blanching rash

☐ Cyanosis of skin, lips or tongue

☐ Deterioration since last assessment

☐ Deterioration since recent intervention

☐ Lactate > 2 mmol/L OR known AKI

NO

03

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

☐ Any one NEWS2 parameter with score of 3

☐ Mottled or ashen skin

☐ Non-blanching rash

☐ Cyanosis of skin, lips or tongue

☐ Deterioration since last assessment

☐ Deterioration since recent intervention

YES

HIGH RISK
START SEPSIS SIX

YES

MODERATE RISK

1. Send full set of bloods including VBG

2. Consider discussing with a senior decision-maker

3. Consider IV fluids

4. If antimicrobials needed, ALWAYS give within 3h

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: ☐ : ☐ : ☐

NO AMBER CRITERIA = FY2+ TO CONSIDER ANTIBIOTICS/ OTHER DIAGNOSIS
ALWAYS REASSESS IF PATIENT DETERIORATES OR SITUATION CHANGES
DOCUMENT RISK ASSESSMENT IN MEDICAL NOTES

PATIENT DETAILS:

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COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 INFORM SENIOR CLINICIAN

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY. A SENIOR DECISION MAKER (ST3+ or equivalent) 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, VBG, BLOOD GLUCOSE, LACTATE, FBC, U&Es, LFTs, CRP AND CLOTTING. LUMBAR PUNCTURE IF INDICATED. CONSIDER RAPID PATHOGEN ID

TIME

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04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

ACCORDING TO LOCAL GUIDELINES, CONSIDER ESCALATION IF ALREADY ON ANTIBIOTICS

CONSIDER ALLERGY STATUS AND POSSIBLE NEED FOR ANTIVIRALS/ ANTIFUNGALS

EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW TO HELP IDENTIFY SOURCE

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

TIME

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05 GIVE IV FLUIDS, CONSIDER VASOPRESSORS

GIVE BOLUS OF 250mL HARTMANN'S/ SALINE OVER 10-15 MINS. REPEAT IF NO IMPROVEMENT,
 GIVE UP TO 1000mL. IF NO IMPROVEMENT AFTER 1000 mL CALL SENIOR (ST3+) TO ATTEND.

SENIOR DECISION MAKER TO CONSIDER PERIPHERAL/ CENTRAL VASOPRESSORS, DISCUSS WITH ITU

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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**IF WORSENING/ NOT IMPROVING AFTER ONE HOUR – ESCALATE TO CONSULTANT
 REASSESS NEWS2 AT LEAST EVERY 30 MINS**

* in oliguric AKI or dialysis patients, clinical assessment of fluid status is essential for estimating volume of fluid resuscitation

RECORD ADDITIONAL NOTES HERE:

e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making,
 variance from Sepsis Six

