

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

01

START THIS CHART IF **SEPSIS** IS SUSPECTED

Factors prompting screening for sepsis include:

☐ 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

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. 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:

DATE:

GRADE:

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:

DATE:

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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

MAXIMUM DOSE BROAD SPECTRUM THERAPY (CONSIDER ESCALATION IF ALREADY ON ANTIBIOTICS)

CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS

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*

GIVE BOLUS OF 500mL OVER 15 MINS IF LACTATE > 2mmol/L OR SBP < 90 mmHg. REPEAT IF NO IMPROVEMENT, IF NO IMPROVEMENT AFTER SECOND BOLUS CALL SENIOR (ST3+) TO ATTEND

TIME

:

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

