

**PATIENT DETAILS:**

**DATE:**

**TIME:**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

## 01 START THIS CHART IF SEPSIS IS SUSPECTED

Factors prompting screening for sepsis include:

- |  |  |
|--|--|
| <input type="checkbox"/> NEWS2 has triggered                       | <input type="checkbox"/> Patient looks unwell                                  |
| <input type="checkbox"/> Carer or relative concern                 | <input type="checkbox"/> Evidence of organ dysfunction (e.g. lactate >2mmol/l) |
| <input type="checkbox"/> Recent chemotherapy / risk of neutropenia | <input type="checkbox"/> 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

- Send full set of bloods including VBG
- Consider discussing with a senior decision-maker
- 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:

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

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

### 02 GIVE 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

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

### 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

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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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

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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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

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
<input type="text"/>				

**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

