

**PATIENT DETAILS:**

**DATE:**

**TIME:**

**NAME:**

**DESIGNATION:**

**SIGNATURE:**

## 01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL e.g. MEWS

**RISK FACTORS FOR SEPSIS INCLUDE:**

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

## 02 COULD THIS BE DUE TO AN INFECTION?

YES

**LIKELY SOURCE:**

- Respiratory
- Urine
- Infected caesarean / perineal wound
- Breast abscess
- Abdominal pain / distension
- Chorioamnionitis / endometritis

NO

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

YES

- Objective evidence of new or altered mental state
- Systolic BP  $\leq$  90 mmHg (or drop of  $>40$  from normal)
- Heart rate  $>130$  per minute
- Respiratory rate  $\geq$  25 per minute
- New need for O<sub>2</sub> (40% or more) to keep SpO<sub>2</sub>  $>$  92% ( $>88\%$  COPD)
- 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**

(PTO)

## 04 ANY AMBER FLAG PRESENT?

NO

- Acute deterioration in functional ability
- Family report mental status change
- Respiratory rate 21-24
- Heart rate 100-130 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°C
- Has diabetes or impaired immunity
- Close contact with GAS
- Prolonged rupture of membranes
- Wound infection
- Offensive vaginal discharge
- Not passed urine in 12-18 hr (0.5 ml/kg/hr to 1 ml/kg/hr if catheterised)

**SEND FULL SET OF BLOOD S INCLUDING VBG IMMEDIATE REVIEW BY ST3 OR ABOVE**

**IF ANTIMICROBIALS ARE NEEDED, ADMINISTER AS SOON AS DECISION MADE BUT ALWAYS WITHIN 3 HOURS**

I have prescribed antimicrobials

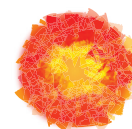
YES This patient does not require antimicrobials as:

- 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 FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**  
Interpret physiology in context of individual patient  
**ALWAYS REASSESS IF PATIENT DETERIORATES**



**THE UK SEPSIS TRUST**

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

# COMPLETE ALL ACTIONS WITHIN ONE HOUR

## 01 ENSURE ST3+ ATTENDS, CALL CONSULTANT

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY.  
 A SENIOR DECISION MAKER MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.

NAME:

GRADE:

TIME

 :  :  :   


## 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

 :  :  :   


## 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

 :  :  :   


## 04 GIVE IV ANTIBIOTICS, CONSIDER DELIVERY

MAX. 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 ASAP BUT ALWAYS WITHIN 12H

TIME

 :  :  :   


## 05 GIVE IV FLUIDS

IF LACTATE > 2mmol/L OR SBP < 90 mmHg GIVE 500mL over 15 min AND CALL  
 ITU REPEAT IF NO IMPROVEMENT.

TIME

 :  :  :   


## 06 MONITOR

USE EARLY WARNING SCORE e.g. MEWS. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY  
 CATHETER. REPEAT LACTATE HOURLY IF INITIAL LACTATE HIGH OR CLINICAL CONDITION CHANGES

TIME

 :  :  :   


**RED FLAGS AFTER ONE HOUR - ESCALATE TO CONSULTANT NOW**  
 Monitor at least every 30 mins using early warning score e.g. MEWS

## RECORD ADDITIONAL NOTES HERE:

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

