

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) ☐ Recent chemotherapy / risk of neutropenia

02 COULD THIS BE DUE TO AN INFECTION?**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?**

- ☐ Objective evidence of new or altered mental state
☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
☐ Heart rate >130 per minute
☐ Respiratory rate ≥ 25 per minute
☐ New need for O₂ (40% or more) to keep SpO₂ $> 92\%$ ($>88\%$ COPD)
☐ Non-blanching rash / mottled / ashen / cyanotic
☐ Lactate ≥ 2 mmol/L* OR known AKI
☐ Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)
☐ Recent chemo/risk of neutropenia

*lactate may be raised in & immediately after normal delivery

YES

**RED FLAG
SEPSIS
START
SEPSIS SIX**

(PTO)

04 ANY AMBER FLAG PRESENT?

- ☐ 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 $< 36^{\circ}\text{C}$
☐ 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)
☐ Non-reassuring CTG/fetal tachycardia

NO

**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**

YES

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 _____ ☐

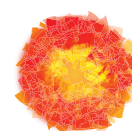
NAME:

GRADE:

DATE:

TIME:

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS
 Interpret physiology in context of individual patient
ALWAYS REASSESS IF PATIENT DETERIORATES



**THE UK
SEPSIS
TRUST**

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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.

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		:		

02 OXYGEN IF REQUIREDSTART 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

		:		

03 SEND BLOODS INCLUDING CULTURESBLOOD 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 DELIVERYMAX. 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 FLUIDSIF LACTATE > 2mmol/L OR SBP < 90 mmHg GIVE 500mL over 15 min AND CALL
ITU REPEAT IF NO IMPROVEMENT.

TIME

		:		

06 MONITORUSE 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