SEPSIS SCREENING TOOL ACUTE ASSESSMENT

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

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
- ☐ Impaired immunity (e.g. diabetes, steriods, chemotherapy)
- ☐ Indwelling lines / IVDU / broken skin
- ☐ Recent chemotherapy / risk of neutropenia

YES

02 COULD THIS BE DUE TO AN INFECTION?

NO → **SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

LIKELY SOURCE:

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

03 ANY RED FLAG PRESENT?

YES

- ☐ 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*
- ☐ Not passed urine in 18 hours (<0.5ml/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?

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)
- ☐ Non-reassuring CTG/fetal tachy

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 ☐
- Esculation 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

SEPSIS SCREENING TOOL - THE SEPSIS SIX

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

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 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 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

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