

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

## 01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR MEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

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

## 02 COULD THIS BE DUE TO AN INFECTION?

YES

LIKELY SOURCE:

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

NO

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

YES

- MEWS score is 8 or higher or any one of:

- Objective evidence of new / altered mental state
  - Non-blanching rash / mottled / ashen / cyanotic
  - Lactate  $\geq 2$  mmol/l\*
  - Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
- \*lactate may be raised in & immediately after normal delivery

YES

**RED FLAG SEPSIS**  
**START MATERNAL SEPSIS SIX**

## 04 ANY AMBER FLAG PRESENT?

NO

- MEWS score is 5 or higher or any one of:

- Acute deterioration in functional ability
- Has had invasive procedure in last 6 weeks
- Temperature < 36°C
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG / fetal tachycardia >160
- Behavioural / mental status change

YES

**SEND FULL SET OF BLOODS**

**ENSURE MIDWIFE IN CHARGE REVIEWS WITHIN 15 MINS & ST3+ WITHIN 60 MINS**

**IF ANTIMICROBIALS NEEDED, GIVE THESE AND ACHIEVE SOURCE CONTROL WITHIN 3 H**

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 \_\_\_\_\_

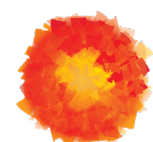
Name:

Date:

Grade:

Time:

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**



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. RECORD DECISIONS BELOW

NAME:

GRADE:

TIME

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

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

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

03

## OBTAIN IV ACCESS, TAKE BLOODS

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING  
 LUMBAR PUNCTURE IF INDICATED

TIME

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

04

## GIVE IV ANTIBIOTICS, CONSIDER DELIVERY

MAXIMUM DOSE BROAD SPECTRUM THERAPY  
 CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS

TIME

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

05

## GIVE IV FLUIDS

GIVE FLUID BOLUS OF 20 ml/kg if age <16, 500ml if 16+  
 NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

TIME

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

06

## MONITOR

USE MEWS. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER REPEAT LACTATE  
 AT LEAST ONCE PER HOUR 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"/>				

**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