

To be applied to all non-pregnant adults and children over 12 with fever (or recent fever) symptoms, or who are clearly unwell with any abnormal observations

Patients Details (affix label)

Staff member completing form...

Name (PRINT)

Designation

Signature

Date (DD/MM/YY)

Is an end of life pathway in place? Is the patient receiving active treatment? YES Go to step 1 NO **Discontinue Sepsis Pathway**

1.

Is NEWS2 5 or above?
OR is NEWS less than 5 and the patient looks unwell?

Y

2. **Could this be due to an infection?**

- Yes, but source unclear at present
- Pneumonia
- Urinary Tract Infection
- Abdominal pain or distension
- Cellulitis/ septic arthritis/ infected wound
- Device- related infection
- Meningitis
- Other (please specify)

Y

3. **Is ONE Red Flag Present?**

- Responds only to voice or pain/ unresponsive
- Systolic BP ≤ 90 mmHg (or drop >40 from normal)
- Heart Rate ≥ 130 per minute
- Respiratory Rate ≥ 25 per minute
- Needs oxygen to keep SpO2 $\geq 92\%$
- Non- blanching rash, mottled/ashen/cyanotic
- Not passed urine in last 18 hours
- Urine Output less than 0.5ml/kg/hr
- Lactate ≥ 2 mmol/l
- Recent Chemotherapy

Y

Low risk of Sepsis.
Use standard protocols, review if deteriorates.

N

4. **Any Amber Flag Criteria?**

- Relatives concerned about mental status
- Acute deterioration in functional ability
- Immunosuppressed
- Trauma/ surgery/ procedure in last 6 weeks
- Respiratory Rate 21- 24 or breathing hard
- Heart Rate 91- 130 or new arrhythmia
- Systolic BP 91- 100 mmHg
- Not passed urine in the last 12-18 hours
- Temperature $<36^{\circ}\text{C}$
- Clinical signs of wound, device or skin infection

Y

Send Bloods if 2 criteria present, consider if 1

To include FBC, U&Es, CRP, LFTs, clotting

Contact ST3+ doctor to review

USE SBAR! Must review results within 1 hour

Time clinician attended

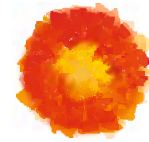
Time Completed	Initials
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is AKI present? Yes No

Clinician to make antimicrobial prescribing decision.

Red Flag Sepsis!! Start Sepsis 6 pathway NOW! (see overleaf)

This time is critical, immediate action is required.



Make a treatment escalation plan and decide on CPR status Inform a consultant (use SBAR) patient has RED Flag Sepsis	Time Zero <input type="text"/>	Consultant informed? (Tick) <input type="checkbox"/>	Initials <input type="text"/>
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Action (complete ALL within 1 hour)		Reason not done/ variance
<p>1. Administer Oxygen</p> <p>Aim to keep saturations >94% (88-92% if at risk of CO2 retention e.g. COPD)</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<input type="text"/>
<p>2. Take Blood Cultures</p> <p>At least a peripheral set. Consider CSF, Urine, sputum Think source control! Call Surgeon/ radiologist if needed</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<input type="text"/>
<p>3. Give IV antibiotics</p> <p>According to trust protocol Consider allergies prior to administration</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<input type="text"/>
<p>4. Give IV Fluids</p> <p>If hypotensive/ lactate >2mmol, 500ml stat. May be repeated if clinically indicated- Do not exceed 30ml/kg</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<input type="text"/>
<p>5. Check Serial Lactates</p> <p>Corroborate high VBG lactate with arterial sample If lactate >4mmol/l, call critical care outreach and Recheck after each 10ml/kg challenge.</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<p>Initial lactate result <input type="text"/></p>
<p>6. Measure Urine Output</p> <p>May require urinary catheter Ensure fluid balance chart commenced And completed hourly.</p>	<p>Time Complete <input type="text"/></p> <p>Initials <input type="text"/></p>	<input type="text"/>

If after delivering the Sepsis Six, patient still has:

- systolic B.P <90mmHG
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing

Or if patient is clearly critically ill at any time

Call Critical Care Outreach and contact ST3+ Doctor for review immediately!!

For antimicrobial guidelines please see:

**Management of Infections in Adult Patients
First Line Antimicrobial Guidelines.**