

Sepsis Screening Tool & Care Bundle - Summary Clinical Guideline

Ref Number: CG-T/2024/177

SEPSIS SCREENING TOOL ACUTE ASSESSMENT **AGE 16+**

PATIENT DETAILS:	DATE:	TIME:
	NAME:	
	DESIGNATION:	
	SIGNATURE:	

01 START THIS CHART IF THE PATIENT IS UNWELL WITH AN INFECTION / SEPSIS SUSPECTED
Factors prompting screening for sepsis include:

- | | |
|--|--|
| <input type="checkbox"/> NEWS2 has triggered | <input type="checkbox"/> Patient looks unwell |
| <input type="checkbox"/> Carer or relative concern | <input type="checkbox"/> Evidence of organ dysfunction (e.g. lactate >2mmol/l) |
| <input type="checkbox"/> Recent chemotherapy / risk of neutropenia | <input type="checkbox"/> Assessment gives clinical cause for concern |

YES

CALL FY2+ TO COMPREHENSIVELY RISK ASSESS
Measure lactate and calculate NEWS2 using latest vital signs
Always interpret vital signs and NEWS2 in context of medical history, medications and response to treatment

02 IS NEWS2 7 OR ABOVE?
OR IS NEWS2 5 OR 6 AND ONE OF:

- Any one NEWS2 parameter with score of 3
- Mottled or ashen skin
- Non-blanching rash
- Cyanosis of skin, lips or tongue
- Deterioration since last assessment
- Deterioration since recent intervention
- Lactate > 2 mmol/L OR known AKI

NO

03 IS NEWS2 5 OR 6?
OR IS NEWS2 1-4 AND ONE OF:

- Any one NEWS2 parameter with score of 3
- Mottled or ashen skin
- Non-blanching rash
- Cyanosis of skin, lips or tongue
- Deterioration since last assessment
- Deterioration since recent intervention

YES

HIGH RISK

START SEPSIS SIX

YES

MODERATE RISK

1. Send full set of bloods including VBG
2. Consider discussing with a senior decision-maker
3. If antimicrobials needed, ALWAYS give within 3h

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 CRITERIA = FY2+ TO CONSIDER ANTIBIOTICS/ OTHER DIAGNOSIS
ALWAYS REASSESS IF PATIENT DETERIORATES OR SITUATION CHANGES
DOCUMENT RISK ASSESSMENT IN MEDICAL NOTES

SEPSIS SCREENING TOOL - THE SEPSIS SIX

AGE 16+

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 INFORM SENIOR CLINICIAN

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY. A SENIOR DECISION MAKER (ST3+ or equivalent) MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.

TIME

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

02 GIVE 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

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

03 SEND BLOODS INCLUDING CULTURES

BLOOD CULTURES, YBG, BLOOD GLUCOSE, LACTATE, FBC, U&Es, LFTs, CRP AND CLOTTING. LUMBAR PUNCTURE IF INDICATED, . CONSIDER RAPID PATHOGEN ID

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

MAXIMUM 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 AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

TIME

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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05 GIVE IV FLUIDS

GIVE BOLUS OF 500mL OVER 15 MINS IF LACTATE > 2mmol/L OR SBP < 90 mmHg. REPEAT IF NO

IMPROVEMENT, IF NO IMPROVEMENT AFTER SECOND BOLUS CALL SENIOR (ST3+) TO ATTEND

TIME

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

USE NEWS2. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER

REPEAT LACTATE AT LEAST HOURLY 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"/>				

**IF WORSENING/ NOT IMPROVING AFTER ONE HOUR – ESCALATE TO CONSULTANT
REASSESS NEWS2 AT LEAST EVERY 30 MINS**

GOALS OF TREATMENT

- Systolic BP >90 mmHg (or MAP >65)
- UO >0.5 ml/kg/hr
- Resolution of metabolic acidosis
- Appropriate source control
- Improvement of acute confusion

RECORD ADDITIONAL NOTES HERE: