

SEPSIS SCREENING TOOL ACUTE ASSESSMENT

AGE 16+

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF NEWS2 HAS TRIGGERED AND YOUR PATIENT IS LIKELY TO HAVE AN INFECTION

ADDITIONAL FACTORS PROMPTING SCREENING FOR SEPSIS INCLUDE:

- Carer or relative concern Evidence of organ dysfunction (e.g. lactate >2mmol/l)
 Recent chemotherapy/ known to be neutropenic

YES CALCULATE NEWS2 SCORE USING LATEST VITAL SIGNS AND MEASURE LACTATE USING BLOOD GAS OR P.O.C DEVICE IF AVAILABLE

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

- Lactate > 2 mmol/L
 Chemotherapy in last 6 weeks
 Other organ failure evident (e.g. AKI)
 Patient looks extremely unwell
 Patient is actively deteriorating

NO

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

- Lactate > 2 mmol/L
 Chemotherapy in last 6 weeks
 Other organ failure evident (e.g. AKI)
 Patient looks extremely unwell
 Patient is actively deteriorating

**SEPSIS
START
SEPSIS
SIX**

SEND FULL SET OF BLOODS

ENSURE SENIOR CLINICAL REVIEW WITHIN 60 MINUTES

IF ANTIMICROBIALS ARE NEEDED, THESE SHOULD BE GIVEN AND A PLAN MADE FOR ESCALATION & SOURCE CONTROL WITHIN 3 HOURS

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: ■ ■ : ■ ■

SIGNATURE:

NO AMBER CRITERIA = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

COMPLETE ALL ACTIONS WITHIN ONE HOUR**01 ENSURE SENIOR CLINICIAN ATTENDS**

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

TIME

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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

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03 SEND BLOODS INCLUDING CULTURES

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

TIME

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04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

MAXIMUM DOSE BROAD SPECTRUM THERAPY
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW

TIME

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IF SOURCE AMENABLE TO DRAINAGE ENSURE ACHIEVED AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

05 GIVE IV FLUIDS

GIVE IN DIVIDED FLUID BOLUSES OF 500ml
NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

TIME

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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

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RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

SEPSIS ANTIBIOTIC GUIDANCE

ANTIBIOTICS **MUST** BE GIVEN WITHIN 1 HOUR OF DIAGNOSIS

PLUS	Clinical Indication	PLUS
Nil	Hickman and/or MRSA	Teicoplanin 400mg IV
Nil	Pneumonia	Clarithromycin 500mg IV
Clindamycin 1.2g IV	Necrotising Fasciitis	Clindamycin 1.2g IV
Metronidazole 500mg IV	UTI/ Abdominal	Gentamicin 5mg/kg IV (Max 480mg)



Adult Sepsis Screening and Treatment Tool

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