## Royal Bolton Hospital **NHS**

**NHS Foundation Trust** 

**Emergency Department** 

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SEPSIS SCREENING AND MANAGEMENT PATHWAY					
Name (Print) Designation					
Signature:	Date / / Time: :				
1. Does the patient look sick? Or has NEWS of 3 or more  And or has the patient had chemotherapy within the past 6 weeks with a temperature of< 36 or >38 at home or in hospital?	Sepsis unlikely  Time  Triage as per MTS  Recheck sepsis triggering with WCC if not available at first check				
Y	4. Any Amber Flag Criteria?				
2. Is infection the most likely cause? Tick  Yes, but unclear at present Chest /pneumonia Uti Abdominal pain or distention Cellulitis/joint/wound infection Device-related infection Meningitis Other (specify)	Respiratory rate 21-24 or breathing hard  Systolic B/P 91-100  Heart rate 11-130 (Or new onset arrhythmia)  New confusion/altered behaviour Trauma/surgery/invasive procedure Within past 6 weeks  Temperature <36  Signs of potential infection including wounds/skin/indwelling devices				
Respiratory rate > 25 or above  New need for oxygen to keep Sp02> 92% SB/P < 90mmHg (or drop f>40 from normal)  Heart rate > 130  Responds only to Voice / Pain or Unconscious  Urine output less than 0.5ml/kg/hr Purpuric rash/mottled/ashen/cyanotic Lactate > 2mmol/l Chemo therapy within past 6 weeks	Impaired immune system (illness or drugs)  Not passed urine in last 12-18 hrs  Triage Yellow Send bloods including FBC, U&E, CRP, LFTs, clotting and lactate Minimum hrly NEWS obs and reassess Red flags, Monitor fluid intake/output				

Triage ORANGE Start Sepsis 6 NOW (see over next page)



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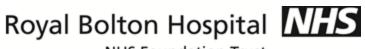
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SEPSIS SIX					
S	1 Oxygen	Time	Initial		
E	target oxygen saturations above 94%				
P	<b>2 Blood cultures</b> At least one set taken consider urine, sputum,				
	swab samples				
S	3 serum lactate and Hb				
I	Serum lactate and Hb measured				
S	4 I/V antibiotics				
	Given as per trust guidelines				
S	5 I/V fluids (if hypotensive or lactate>2/mmol/l give boluses of 0.9%NaCl or				
-	Hartmann's up to maximum of 60ml/kg.)				
ı	I/V fluids commenced				
X	6 Monitor urine output				
	(Consider catheterisation. Commence hrly fluid intake output monitoring)				
Monitor H	R, BP, RESP RATE O <sub>2</sub> SATS AND EWS. Record every 15 mins				
	K & LU 1 4 055000 4 4 4 1 1 1 K W W W W				
If after delivering the SEPSIS 6 the patient is clearly critically ill or still has:					
	Systolic B/P 90 or less (or drop>40 below norm)  Respiratory rate 25 or less				
	Reduced level of consciousness(V, P, or U)				
	Lactate not reducing				

Call CRITICAL CARE OUTREACH or ST3+out of hours IMMEDIATLEY

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