

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?

N

Y

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.....) ☐

N

Y

3. Is any ONE Red Flag present? Tick

- Respiratory rate > 25 or above ☐
- New need for oxygen to keep SpO₂ > 92% ☐
- SB/P < 90mmHg (or drop >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 ☐

N

Sepsis unlikely

Time

- Triage as per MTS
- Recheck sepsis triggering with WCC if not available at first check

4. Any Amber Flag Criteria?

- 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 ☐
- Impaired immune system (illness or drugs) ☐
- Not passed urine in last 12-18 hrs ☐

Y

- 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)

SEPSIS SIX

S E P S I S X	1 Oxygen	Time	Initial
	target oxygen saturations above 94%		
	2 Blood cultures At least one set taken consider urine, sputum, swab samples		
	3 serum lactate and Hb Serum lactate and Hb measured		
	4 I/V antibiotics Given as per trust guidelines		
	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.) I/V fluids commenced		
	6 Monitor urine output (Consider catheterisation. Commence hrly fluid intake output monitoring)		

Monitor HR, BP, RESP RATE O₂ SATS AND EWS. Record every 15 mins

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 IMMEDIATELY

BLOOD CULTURES

Indication for Blood culture:

Time Taken:

Taken by NAME (Print).....

Signature.....

Designation.....

ANTT used Yes/No

Cleaned with FREPP Yes ☐ No ☐

DRAFT