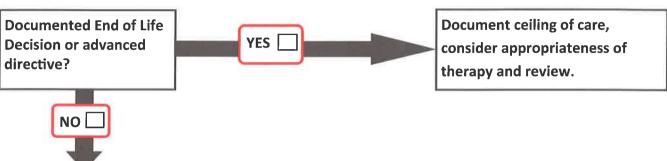
		NFS					
Name:	Date:	University Hospitals of North Midlands NHS Trust					
NHS Unit Number:	Time:	Sepsis Screening Tool					
D.O.B	Ward:						
MEWS ≥ 4 or Patient Looks unwell							
Follow MEWS Protocol YES							
Potential Source of Infection? Chest, Urine, Abdomen, etc.							
Follow MEWS Protocol	NO	YES 🗌					
Is there any 1 Red Flag / High Risk Criteria Present Systolic BP < 90MMHg							
Check for Moderate Risk Factors YES VES							
TIME ZERO = (24 HRS CLOCK) Time of SBAR Call Doctors Name Referring Staff Name : Start SEPSIS PATHWAY on reverse Immediately							
Relatives concerned real Decreased Functional Al Rigor's Immunocompromised Trauma/surgery in last 6 Signs of wound/device/s	bility	Resp rate 21-24/ breathing hard HR 91-129 or Arrhythmia Systolic BP 91-100 mmHG Temp <36°C Not Passed Urine 12-18hrs					
Low Risk Standard Review Record Obs Hourly	Senior Clinician to attend Send Bloods (FBC, U&E's CRP, LFT's, VBG & Clotting)	IF AKI Lactate >2 mmol/l Start SEPSIS Pathway NOW					

Sepsis 6 Care Pathway (Complete in 1 Hour)



No.						
Record Observations at least every 30 minutes						
1.	Give Oxygen	Time Started	Name	Comments/Result		
	Aim 02 sats 94-98%					
•	IF CO2 retainer 88-92%					
2.	Take Blood Cultures	Time Started	Name	Comments/ Result		
•	FBC, U&E, LFT, Clotting					
•	CXR, Urine Sample					
•	Do NOT delay Antibiotics					
3.	Give IV Antibiotics	Time Started	Name	Comments/ Result		
•	Site Specific if possible					
•	Follow Trust Guidelines					
•	Check ALLERGIES					
4.	Give IV Fluids	Time Started	Name	Comments/ Result		
•	500ml over 15mins if systolic					
	<90mmHg or lactate >2					
	mmol/l					
•	Review and Repeat as needed					
	(Hartmanns or N/Saline)					
5.	Measure Lactate	Time Started	Name	Comments/ Result		
•	Repeat after 2 hours therapy					
6.	Measure Urine Output	Time Started	Name	Comments/ Result		
•	Commence fluid balance chart			_		
•	Hourly monitoring					
If Systolic <90mmHg or Lactate >4mmol/l after 20ml/kg Fluid Challenge						
SEPTIC SHOCK						
Call Registrar/Consultant—document plan				TIME:		
Call Critical Care Outreach/ Nurse Practitioner						
Name:						
Design	nation:					