

# Sepsis Screening Tool

Name:	Date:
NHS Unit Number:	Time:
D.O.B	Ward:

**MEWS  $\geq 4$  or Patient Looks unwell**

Follow MEWS Protocol

NO ☐

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	<input type="checkbox"/>	Pulse >130bpm	<input type="checkbox"/>	Reduced GCS/AVPU	<input type="checkbox"/>
Purpuric Rash	<input type="checkbox"/>	New Oxygen Demand	<input type="checkbox"/>	Resp Rate >25/min	<input type="checkbox"/>
Urine output <0.5ml/kg/hr for 2 hours	<input type="checkbox"/>	Mottled Skin/Cyanosis	<input type="checkbox"/>		
Chemotherapy in last 6 weeks	<input type="checkbox"/>				

Check for Moderate Risk Factors

NO ☐

YES ☐

TIME ZERO =  :  (24 HRS CLOCK)

Time of SBAR Call

Doctors Name

Referring Staff Name

 : 



Start **SEPSIS PATHWAY** on reverse **Immediately**

**Any 2 Moderate Risk Factors**

Relatives concerned re mental state	<input type="checkbox"/>	Resp rate 21-24/ breathing hard	<input type="checkbox"/>
Decreased Functional Ability	<input type="checkbox"/>	HR 91-129 or Arrhythmia	<input type="checkbox"/>
Rigor's	<input type="checkbox"/>	Systolic BP 91-100 mmHG	<input type="checkbox"/>
Immunocompromised	<input type="checkbox"/>	Temp <36°C	<input type="checkbox"/>
Trauma/surgery in last 6 weeks	<input type="checkbox"/>	Not Passed Urine 12-18hrs	<input type="checkbox"/>
Signs of wound/device/skin infection	<input type="checkbox"/>		

NO ☐

YES ☐

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)

Documented End of Life  
Decision or advanced  
directive?

YES ☐

Document ceiling of care,  
consider appropriateness of  
therapy and review.

NO ☐

### Record Observations at least every 30 minutes

<b>1. Give Oxygen</b> <ul style="list-style-type: none"> <li>Aim O2 sats 94-98%</li> <li>IF CO2 retainer 88-92%</li> </ul>	Time Started	Name	Comments/Result
<b>2. Take Blood Cultures</b> <ul style="list-style-type: none"> <li>FBC, U&amp;E, LFT, Clotting</li> <li>CXR, Urine Sample</li> <li>Do NOT delay Antibiotics</li> </ul>	Time Started	Name	Comments/ Result
<b>3. Give IV Antibiotics</b> <ul style="list-style-type: none"> <li>Site Specific if possible</li> <li>Follow Trust Guidelines</li> <li>Check <b>ALLERGIES</b></li> </ul>	Time Started	Name	Comments/ Result
<b>4. Give IV Fluids</b> <ul style="list-style-type: none"> <li>500ml over 15mins if systolic &lt;90mmHg or lactate &gt;2 mmol/l</li> <li>Review and Repeat as needed (Hartmanns or N/Saline)</li> </ul>	Time Started	Name	Comments/ Result
<b>5. Measure Lactate</b> <ul style="list-style-type: none"> <li>Repeat after 2 hours therapy</li> </ul>	Time Started	Name	Comments/ Result
<b>6. Measure Urine Output</b> <ul style="list-style-type: none"> <li>Commence fluid balance chart</li> <li>Hourly monitoring</li> </ul>	Time Started	Name	Comments/ Result

If Systolic <90mmHg or Lactate >4mmol/l after 20ml/kg Fluid Challenge

### SEPTIC SHOCK

Call Registrar/Consultant—document plan

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TIME:

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Call Critical Care Outreach/ Nurse Practitioner

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Name:

Designation: