Royal Free London
NHS Foundation Trust

KEEP CALM AND DO THE SEPSIS SIX

SEPSIS 6 PROTOCOL VERSION 47

Should you 'think sepsis'

Dept arrival time

MRN:
Patient Name:
DOB:

SITUATION

Are there ≥2 of the following signs of infection and poor organ perfusion? (Inform Nurse in Charge & Doctor)

- SBP less than 90mmHg or 40 below norm ☐
- Temp >38°C or <36°C ☐
- HR > 125/min ☐
- RR > 25/min ☐
- Altered mental status ☐
- Urine <0.5ml/kg for 2 hrs ☐
- Lactate > 4.0mmol/L ☐
- pH<7.25 ☐
- **Suspected neutropenia (chemo within last 6 wks/Stem cell or bone marrow transplant within 12 mths) *Equals 2 triggers*** ☐

Are staff or family/carer concerned about this patient? Yes / No
If Yes with no triggers inform Nurse in Charge & Doctor

BACKGROUND

☐ Chest ☐ Urinary ☐ Intra-abdominal ☐ Bone/joint
☐ Blood ☐ Soft tissue ☐ Line ☐ Other

Assessment

YOUR PATIENT MAY BE SEVERELY SEPTIC!
This is a medical emergency.
Seek medical assistance and start treatment.

Date

Pathway Start time

RECOMMENDATIONS

Commence **SEPSIS 6** interventions
*(complete within **1 hour** of diagnosing Sepsis)*

Please record Time done

1. Oxygen to all patients (regardless of oxygen saturations)
   Please tick mode of delivery:
   ☐ Non- rebreathe mask 15l/min
   ☐ OR nasal specs ☐ Fixed performance
2. IV fluid challenge 15ml/kg over 15 mins
   diagnosed renal or cardiac failure 250ml stat & review
3. Blood cultures at least 2 and before IV antibiotics
   (If taken ≥ 2hrs ago, please repeat.)
4. IV Antibiotics - see trust guidelines overleaf
5. Lactate venous or arterial acceptable
6. Fluid Input/ Output chart - consider urinary catheter insertion

- Attach monitoring observations every 15 mins
- Large bore IV access, bloods including FBC, U&E, CRP, Clotting
- Escalate response (own consultant/PARRT bleep 2525/2471 /ITU bleep 1030)
- Consider CVC insertion/review need for early vasopressor support
- Consultant to consultant referral for ITU admission