

To be applied to all non-pregnant adults and young people over 12 years with fever (or recent fever) symptoms, or who are clearly unwell with any abnormal observations

Patient details (affix label):

Staff member completing form:

Date (DD/MM/YY):

Name (print):

Designation:

Signature:

Important:

Is an end of life pathway in place? Yes

Is escalation clinically inappropriate? Yes

Initials

Discontinue
pathway

1. Does patient look sick?

OR has NEWS (or similar) triggered?

Tick

Low risk of sepsis

Use standard protocols, consider discharge (approved by senior decision maker) with safety netting

2. Could this be due to an infection?

Yes, but source unclear at present

Pneumonia

Urinary Tract Infection

Abdominal pain or distension

Cellulitis/ septic arthritis/ infected wound

Device-related infection

Meningitis

Other (specify:)

Tick

4. Any Amber Flag criteria?

Tick

Relatives concerned about mental status

Acute deterioration in functional ability

Immunosuppressed

Trauma/ surgery/ procedure in last 6 weeks

Respiratory rate 21-24

Systolic B.P 91-100 mmHg

Heart rate 91-130 OR new dysrhythmia

Not passed urine in last 12-18 hours

Temperature < 36°C

Clinical signs of wound, device or skin infection

3. Is any ONE Red Flag present?

Tick

Responds only to voice or pain/ unresponsive

Acute confusional state

Systolic B.P ≤ 90 mmHg (or drop >40 from normal)

Heart rate > 130 per minute

Respiratory rate ≥ 25 per minute

Needs oxygen to keep SpO₂ ≥92%

Non-blanching rash, mottled/ ashen/ cyanotic

Not passed urine in last 18 h/ UO <0.5 ml/kg/hr

Lactate ≥2 mmol/l

Recent chemotherapy

Send bloods *if 2 criteria present, consider if 1*

To include FBC, U&Es, CRP, LFTs, clotting

Ensure urgent senior review

Must review with results within 1 hour

Time complete

Initials

Is AKI present? (tick)

YES

NO

Clinician to make antimicrobial
prescribing decision within 3h

If senior clinician happy, may discharge
with appropriate safety netting

Time complete

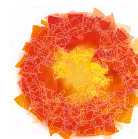
Initials

Discharged?

Initials

Red Flag Sepsis!! Start Sepsis 6 pathway NOW (see overleaf)

This is time critical, immediate action is required.



Make a treatment escalation plan and decide on CPR status

Inform consultant (*use SBAR*) patient has **Red Flag Sepsis**

Time zero

Consultant informed?
(tick)

Initials



Action (complete ALL within 1 hour)

Reason not done/variance

1. Administer oxygen

Aim to keep saturations > 94%
(88-92% if at risk of CO₂ retention e.g. COPD)

Time complete

Initials

2. Take blood cultures

At least a peripheral set. Consider e.g. CSF, urine, sputum
Think source control! Call surgeon/ radiologist if needed
CXR and urinalysis for all adults

Time complete

Initials

3. Give IV antibiotics

According to Trust protocol
Consider allergies prior to administration

Time complete

Initials

4. Give IV fluids

If hypotensive/ lactate >2mmol/l, 500 ml stat.
May be repeated if clinically indicated-
do not exceed 30ml/kg

Time complete

Initials

5. Check serial lactates

Corroborate high VBG lactate with arterial sample
*If lactate >4mmol/l, call Critical Care and
recheck after each 10ml/kg challenge*

Time complete

Initials

Not applicable- initial lactate

6. Measure urine output

May require urinary catheter
Ensure fluid balance chart commenced
& completed hourly

Time complete

Initials

If after delivering the Sepsis Six, patient still has:

- systolic B.P <90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing

Or if patient is clearly critically ill at any time

Then call Critical Care Outreach immediately!!

Space available for local short antimicrobial
guideline/ escalation policy