

Affix Patient Label

SEPSIS SCREENING TOOL & CARE BUNDLE

To be applied to all Adult non-pregnant patients who have a suspected infection, for whom staff or relatives are concerned or who have clinical observations outside normal limits. **DO NOT USE THIS PATHWAY FOR NEUTROPENIC / CHEMOTHERAPY PATIENTS - REFER TO NEUTROPENIC SEPSIS PATHWAY**

1 Is NEWS 3 or above? ☐

Does patient look sick? ☐

Note: Consider whether escalation of care is appropriate

NO

Low risk of sepsis - Use standard protocols, review if deteriorates

NO

YES

2 Could this be an infection?

Yes, but source unclear at present ☐

Pneumonia ☐

Urinary Tract Infection ☐

Abdominal Pain or distension ☐

Cellulitis/Septic Arthritis/Infected Wound ☐

Biliary Sepsis ☐

Meningitis ☐

Other (please specify)..... ☐

NO

NO

Any moderate risk criteria?

Relatives concerned about altered mental state ☐

Acute deterioration in functional ability ☐

Rigors ☐

Immunosuppressed ☐

Trauma, surgery or procedure in last 6 weeks ☐

Clinical signs of wound, device or skin infection ☐

Respiratory rate 21-24 OR breathing hard ☐

Heart rate 91-129 OR new arrhythmia ☐

Systolic B.P 91-100 mmHg ☐

Not passed urine in last 12-18 hours ☐

Temperature < 36°C >38°C ☐

Signs of potential infection including increased redness swelling or discharge at surgical site or breakdown of wound ☐

YES

3 Is any ONE red flag present?

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

Lactate ≥ 2 mmol/l ☐

Heart rate ≥ 130 per minute ☐

Respiratory rate ≥ 25 per minute ☐

Needs oxygen to keep SpO2 ≥92% (88% in COPD) ☐

Responds only to voice or pain/ unresponsive ☐

Non-blanching rash, mottled/ ashen/ cyanotic ☐

Urine output less than 0.5 ml/kg/hr for 2 consecutive hours ☐

YES

Time complete/Initials

Send Bloods

Contact ST3+ doctor

Has Clinician attended?

Is AKI Present? (tick one)

YES ☐

NO ☐

Clinician to make antimicrobial prescribing decision within 3hrs

Red Flag Sepsis - Start Sepsis 6 Pathway NOW (see overleaf)

This is time critical, immediate action is required

SEPSIS 6 PATHWAY

To be applied to all Adult non-pregnant patients with suspected or confirmed **Red Flag Sepsis**

	ACTION – all to be completed within <u>ONE HOUR</u>	Time	Initials	Reason not done/ variance
OXYGEN	<ul style="list-style-type: none"> Administer Oxygen at 15L/min via mask with reservoir bag Titrate O₂ to achieve SpO₂ >93% or PaO₂ > 8kPa In chronic CO₂ retention aim for SpO₂ 88 – 92% 			
BLOOD CULTURES	<ul style="list-style-type: none"> Take TWO SETS of blood cultures (40mls divided between 4 bottles - 10mls each) Culture other sites, as indicated e.g. urine/sputum 			
LACTATE & LABS	<ul style="list-style-type: none"> Measure lactate levels - Arterial or Venous sample (For Venous sample, use yellow bottle –alert the lab) Request FBC, U&E, INR, APTT, G&S, Glucose, LFT (LORENZO request – SEPSIS Care Bundle Screen) <p>REPEAT LACTATE LEVELS AFTER INITIAL RESUSCITATION</p>			
ANTIBIOTICS	<p>If SOURCE OF INFECTION IS KNOWN- refer to specific Trust Antibiotic Guidelines or discuss with Microbiologist</p> <ul style="list-style-type: none"> Refer to Maternal Antibiotic Guidelines for Pregnant Patients For sepsis syndrome of unknown source, refer to guidelines below 			
IV FLUIDS	<ul style="list-style-type: none"> Initial fluid bolus of 20 – 30ml/kg of crystalloid solution (Hartmann's/N Saline) <u>NOT 5% Dextrose</u> (Part of this can be colloid) Repeat fluid boluses to max 60ml/kg if persistent hypotension, oliguria or raised lactate (>4.0 mmol/L) Cross match blood if significant haemodilution 			
MONITOR URINE OUTPUT	<ul style="list-style-type: none"> Urine dipstick test & send MSU/CSU Consider urinary catheterisation <p>COMMENCE FLUID BALANCE CHART & MONITOR URINE OUTPUT HOURLY</p>			

ANTIBIOTIC GUIDELINES – for sepsis syndrome of unknown source

- If source of infection is known, refer to specific Trust Antibiotic Guidelines or discuss with a Microbiologist.**
- For pregnant patients, refer to Maternal Sepsis Guideline.

	Community Acquired Sepsis (CAS) Antibiotic Guidelines	Hospital-Acquired Sepsis Antibiotic Guidelines (including patients readmitted after recent hospital discharge and hospital inpatients)
Patients without penicillin allergy	CEFUROXIME 1.5g IV stat followed by 1.5g IV 8 hourly PLUS GENTAMICIN 5mg/Kg IV (4mg/kg if ≥ 70yrs) as a single stat dose once only. Max dose 400mg.	TAZOCIN 4.5g IV stat followed by 4.5g IV 8 hourly PLUS GENTAMICIN 5mg/Kg IV (4mg/kg if ≥ 70yrs) as a single stat dose once only. Max dose 400mg.
Patients with penicillin allergy - Rash -	CEFUROXIME 1.5g IV stat followed by 1.5g IV 8 hourly PLUS GENTAMICIN 5mg/Kg IV (4mg/kg if ≥ 70yrs) as a single stat dose once only. Max dose 400mg.	MEROPENEM 2g IV stat followed by 1g IV 8 hourly PLUS GENTAMICIN 5mg/Kg IV (4mg/kg if ≥ 70yrs) as a single stat dose once only. Max dose 400mg.
Patients with penicillin allergy - Anaphylaxis	CIPROFLOXACIN 400mg IV stat followed by 400mg IV 12 hourly PLUS CLINDAMYCIN 1.2g IV stat followed by 900mg IV 8 hourly PLUS GENTAMICIN 5mg/Kg IV (4mg/kg if ≥ 70yrs) as a single stat dose once only. Max dose 400mg.	