Patient details/sticker

University Hospitals of Morecambe Bay NHS Foundation Trust

Date _____ Name _____

Time _____ (24hr clock) DoB _____

Location _____ RTX _____

Sepsis Screening Tool

<less than, >greater than

1. Screening: Does this patient have SIRS (systemic inflammatory response syndrome) or is infection suspected?

Tick appropriate boxes

Are any 2 of the following **SIRS criteria** present and new to your patient?

Obs:	Temperature <36 or >38.3°C ☐	Respiratory rate >20/min ☐
	Heart Rate >90 bpm ☐	Acutely altered mental state ☐
Bloods:	WCC <4 x 10^9/l or >12 x 10^9/l ☐ *(WCC>12 in labour and post-delivery may be normal)*	Glucose >7.7 mmol/l ☐ *(if patient is not diabetic)*

If patient is **neutropenic** and any 1 present, follow 'yes' and call Senior Doctor

YES ☐

NO ☐ →

- Follow standard EWS protocol
- Re-screen for sepsis if EWS increases, condition changes or at 4 hours if not done already
  Re-screening time.....
- discontinue sepsis screen

2. Is this likely to be due to an infection?

Call FY or CT doctor using SBAR Situation: 'Suspected Sepsis'

For example:

Cough/sputum/chest pain ☐ *(Caution with infective exacerbation of COPD)*	Dysuria ☐
Abdo pain/distension/diarrhoea ☐	Headache with neck stiffness ☐
Line/foreign body infection ☐	Endocarditis ☐
Female genital tract infection/ Chorioamnionitis ☐	Cellulitis/wound infection/ septic arthritis ☐
Radiological findings consistent with an infective cause ☐	Source unknown but clinically has sepsis ☐

YES ☐

NO ☐ →

Patient has SIRS

- Give oxygen to keep SpO_2 as prescribed
- Consider fluid challenge
- Look for other causes of SIRS (pancreatitis, transfusion reaction, trauma, post-op, thromboembolism)
- Continue EWS every 30 mins until responds to treatment
- Re-screen for sepsis if EWS increases, condition changes or at 4 hours if not done already
- Discontinue sepsis screen (no need to turn page)

This patient has SEPSIS

- Immediately start Sepsis 6 Pathway (overleaf)
- Continue Obs at least every 30 mins
- Ensure Doctor present within 30 mins

Time of SBAR call:	Doctor's name:	Referring staff name:

→ Turn page and continue, completing the next steps within the hour

Adapted from Sepsis 6 ward Tool, UK sepis trust

Sepsis Care Pathway 'SEPSIS 6' complete in the first hour:

Is there a valid end-of-life care pathway or advance directive in place which would limit treatment?

YES ☐ → Document limitations of treatment; consider appropriateness of therapy, review patient and document in notes

NO ☐

Time Zero: Time sepsis first present or ED triage time _____ Staff name _____ Designation _____

Ensure doctor attends **NOW** and work together to achieve these tasks within 1hr

1. Give high-flow oxygen • Initially 15l/min via reservoir mask • Once stable titrate to SpO2 94-98% • Check ABG within 30min if COPD or risk hypercapnia Seek expert help if severe COPD or used for >4h	Time started	Name	Reason not done or result
2. Take blood cultures • At least 1 peripheral set, plus sets from each lumen of vascular access device in situ for >48hrs • Take other relevant bloods e.g. FBC, U&E, LFT, Coag, CRP/PCT, Lactate, Glucose/BM • Consider also sputum, urine, CSF, wound (vaginal/placental/baby) swab etc. as appropriate • Consider imaging to find source	Time started	Name	Reason not done or result
3. Give IV antibiotics According to trust protocol *(see Heritage or Sharepoint)* • Check allergies • Prescribe and GIVE first dose STAT • DO NOT DELAY ANTIBIOTICS if unable to obtain culture samples within 45 minutes	Time started	Name	Reason not done or result Name of antibiotics:
4. Give a fluid challenge N.Saline or Hartmann's • If **hypotensive** (SBP <90 mmHg or MAP <65mmHg or SBP drop of >40mmHg from patients baseline) OR **lactate >2mmol/L: Give up to 30ml/kg** in divided aliquots, reassessing regularly • If **not hypotensive** and lactate <2mmol/L: Give up to 500ml and reassess Aim u/o> 0.5ml/kg/hr and lactate <2mmol/L	Time started	Name	Reason not done or result
5. Measure lactate and Haemoglobin • If lactate >2mmol/L: Give up to 30ml/kg Hartmann's or N.Saline in divided aliquots, reassessing regularly (if not done so already). • Keep Hb>70g/L (aim>90g/L if ischaemic heart disease, severe hypoxaemia, haemorrhage)	Time started	Name	Reason not done or result Lact: _____ mmol/L Hb: _____ _ g/L
6. Measure Urine Output • Consider urinary catheter • Start fluid balance chart	Time started	Name	Reason not done or result

Next: Is this severe sepsis? Is there any 1 high risk factor? →

Sepsis Care Pathway First hour continued:

Severe sepsis = sepsis-induced tissue hypoperfusion or organ dysfunction
(i.e. any of the following thought to be due to the infection)

Tick appropriate boxes

Is there one or more of the following thought to be due to sepsis?:

☐ BP *(Post fluid)*	SBP <90 mmHg or MAP <65mmHg OR SBP drop of >40mmHg from patients baseline
☐ Lactate	>2mmol/l
☐ INR	>1.5
☐ aPTTR	>2
☐ Bilirubin	>34 µmol/l
☐ O_2	New requirement to keep SpO_2 >90%
☐ Platelets	< 100 x 109/l
☐ Creatinine	>177 µmol/l or increase of >44 µmol/l
☐ Urine output	<0.5 ml/kg/hr for 2 hrs
☐ *Risk of neutropenic sepsis* (received chemo in last 28 days/has bone marrow failure due to primary haematological disorder)	

YES ☐

NO ☐

This is SEVERE SEPSIS

- **Obs at least every 30 mins and recheck lactate within 2 hours**
- **Patient review by senior Dr / Consultant**
  Time:_____ Name _____
- **Management plan documented in notes** **YES** ☐ **NO** ☐
- **Consider the need for source control**
  (washout/debridement/drainage of collections, etc)
- **Consider Critical Care referral** – Is this episode reversible? Consider co-morbidities, functional status and suitability for critical care management.

If YES ☐

Referred by:

Referred to:

Time:

If NO ☐

Consider DNACPR

Continue EWS every 30 mins

Reassess for high-risk factors each time condition changes
e.g. deteriorating EWS

After one hour of starting pathway have you completed all steps?

Time:

All steps complete? **YES** ☐ **NO** ☐

Signature: _____

Name: _____

Designation:_____