				Patient details/sticker
University Hospitals NHS	Date		Name	
of Morecambe Bay	Time	(24hr clock)	DoB	
NHS Foundation Trust	Location		RTX	

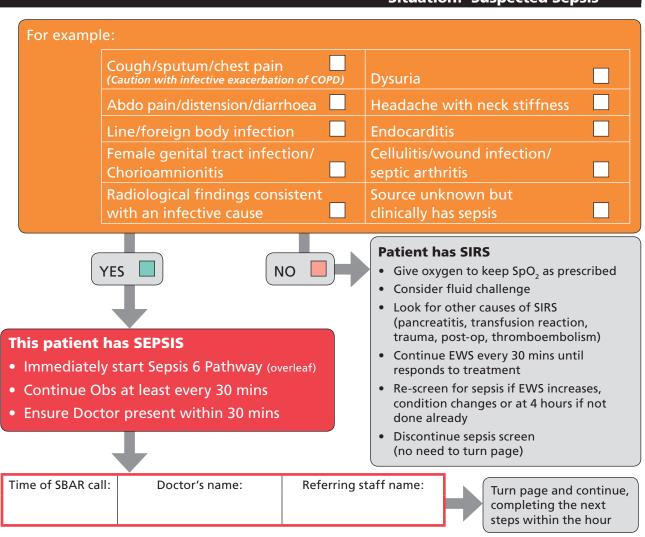
Sepsis Screening Tool

<less than, >greater than

1. Screening: Does this patient have SIRS (systemic inflammatory response syndrome) or is infection suspected? Are any 2 of the following **SIRS criteria** present and new to your patient? Tick Obs: appropriate Temperature <36 or >38.3°C Respiratory rate >20/min boxes Acutely altered mental state Heart Rate >90 bpm **Bloods:** WCC $<4 \times 10^9/l$ or $>12 \times 10^9/l$ Glucose >7.7 mmol/l (WCC>12 in labour and post-delivery may be normal) (if patient is not diabetic) If patient is **neutropenic** and any 1 present, follow 'yes' and call Senior Doctor Follow standard EWS protocol YES NO 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'



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	YES Document limitations of treatment consider appropriateness of therap review patient and document in no				
NO D						
Time Zero: Time sepsis first present or ED triage time	Staff na	me	_ Designation			
Ensure doctor attends NOW and work together to achieve these tasks within 1hr						
 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 OutputConsider urinary catheterStart fluid balance chart	Time started	Name	Reason not done or result			

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?: SBP <90 mmHg or MAP <65mmHg OR BP(Post fluid) SBP drop of >40mmHg from patients baseline Lactate >2mmol/l INR >1.5 aPTTR >2 Bilirubin $>34 \mu mol/l$ New requirement to keep SpO₂ > 90% **Platelets** < 100 x 109/l >177 µmol/l or increase of >44 µmol/l Creatinine 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 If NO

Referred by: Consider DNACPR

Referred to:

Time:

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: