

# SEPSIS SCREENING

**ADULT**

Screen **ALL** major cases

# COMPLETE adult screening sticker and apply to the Emergency Department patient record

## ADULT SEPSIS SCREEN

	Yes	No
<b>1</b> Are you confident the patient does not have sepsis?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no, proceed to next question</b>		
<b>2</b> Does the patient have a MEWS score greater than 4 and/or new objective altered mental state?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, proceed to next question</b>		
<b>3</b> If you are suspecting sepsis and the MEWS score is greater than 4 and/or new objective altered mental state, does the patient have any signs of new infection or risk factors?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk factor relevant boxes</b>		
Dysuria/retention	<input type="checkbox"/>	<input type="checkbox"/>
Cough/sputum production	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain/distension/diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Signs of line infection/indwelling device present	<input type="checkbox"/>	<input type="checkbox"/>
Signs of skin infection/cellulitis	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy being actively treated	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy in the last 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Impaired immunity due to illness or drugs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recent trauma or surgery or invasive procedure (within the last 2 weeks)</b>		
Recent trauma or surgery or invasive procedure (within the last 2 weeks)	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the MEWS score is greater than 4 and signs of new infection/high risk factors state patient as suspected sepsis - APPEX SEPSIS SKI STICKER TO THE NOTES</b>		
<b>4</b> If the MEWS score is greater than 4 and signs of new infection/high risk factors state patient as suspected sepsis - APPEX SEPSIS SKI STICKER TO THE NOTES	<input type="checkbox"/>	<input type="checkbox"/>

SEPSIS 6 TREATMENT PROTOCOL				
Patient name				
IW number				
DOB				
Action	Date	Time	Signed	Reason (if not completed)
Give High Flow Oxygen (Give oxygen if needed to keep SpO <sub>2</sub> 94-96% and if C-STAT was advised)				
Give IV Fluids (If patient is/has becoming quite drowsy < 90% SatO <sub>2</sub> or Hypotensive, administer/continue give 500ml of saline fluid)				
Take Blood Cultures				
Take Blood Gas (for Lactate)				
Give Broad Spectrum IV Antibiotics				
Measure Urine Output (Once fluid balance and they need urine)				
Apply sky-blue Sepsis wristband				
Inform critical care outreach service for sepsis liaison on bleep 006				

# PAEDIATRICS

Screen **ALL** cases  
except trauma/minor  
injuries and head  
injury cases

**COMPLETE** paediatric screening sticker and apply to the Emergency Department patient record

[illegible]

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <h2 style="margin: 0;">PAEDIATRIC SEPSIS SCREENING TOOL</h2> </div> <div style="text-align: right;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Date _____</span> <span>Parent / ID sticker _____</span> </div> </div> </div>								
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>Response</b> </div>	<b>Could this child have an infection? Could it be sepsis? look for 2 of:</b>		Yes / No	Value				
	Temperature <36 or >38 °C      (HR >180 or <60 onology patients)							
	Tachycardia (70 HR) Tachypnoea (> 80) - use age appropriate PFTs chart							
	Age <1yr      >1-2yrs      3-5yrs      6-11yrs      12-16yrs      >16+							
	HR	>150	>140	>120	>100	>90	Y/N	r/min
	RR	>50	>50	>40	>25	>20	Y/N	r/min
	<b>Plus 1 of:</b>							
	Altered mental state: <b>Sleazy, floppy, lethargic or irritable</b>							
	Mottled skin OR prolonged capillary refill time OR "blush" capillary refill time							
	Clinical concern regarding possible sepsis - <b>seek review if significant</b> <i>(even if trigger criteria not met)</i>							
Site/source		Confirmed/suspected      (phosphate circle)						
<b>(BWARE: the following are at particular RISK: neonates/immunocompromised/ recent blood)</b>								
<b>Are 2+ criteria present? If YES, THINK SEPSIS: this is an emergency</b>								
<b>Immediate senior clinician review (STAT) and follow sepsis 6 (see below)</b>								
<b>or "parent" doesn't want to proceed to sepsis 6 immediately, document caveat.</b>								
<b>If NO, SEPSIS UNLIKELY: document your clinical reasoning/ review if</b>								
Date	Time	Sign _____						
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>Respond</b> </div>	<b>Paediatric sepsis 6: achieve the following within 1 hr</b> <b>Refer to SORT sepsis pathway (<a href="https://sort.ox.ac.uk">https://sort.ox.ac.uk</a>)</b>							
	1	Give high flow oxygen				Time	Sign	
	2	Record blood pressure and start urine collection (fresh nappy)						
	3	Obtain IV to access						
	4	Take blood glucose, blood (include glucose & lactate)						
	5	Give iv Ceftriaxone 80mg/kg (see overleaf)						
	6	Check, <a href="#">1-oxymetazoline</a> (see overleaf), <a href="#">neutrophils</a> , <a href="#">urea</a> , <a href="#">total bilirubin</a>						
	6	Fluid resuscitation if required: 20ml/kg 0.9% saline, reassess and repeat as required						
	<b>Within 1 hour of treatment</b>							
	1	HR or RR still above age specific normal range or CRT >3 seconds				Yes/No		
2	Vomitus (or arterial) lactate >2							
3	Signs of fluid overload (de-paementation, desaturations, crepitations)							
If patient stabilised - <b>Alert to ward team</b> , review at least hourly with documented observations for the first 4 hours								

## IF THE SCREEN IS POSITIVE START SEPSIS 6 TREATMENT