Addressograph

Name:

Date of Birth: Address:

Hospital Number: NHS Number:

Sepsis Six Pathway

To be applied to all adults with suspected or confirmed Red Flag Sepsis



Makea treatment escalationplan and decide on CPR st InformSenior Doctor(useSBAR) patienthas RedFlagSeps		Da	ate &Time zero	Snr Doctor informed?(tick) Initials
	\	V		
Action (complete ALL within 1 hour)	Time	complete	Initials	Reason not done/variance
1. Administer oxygen				
Aim to keep saturations > 94% (88-92% if at risk of CO_2 retention e.g. COPD)				
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				
3. Give IV antibiotics				
According to Trust protocol Consider allergies prior to administration				
4. Give IV fluids				
If BP<90mmHg/lactate>2mmol/l,500mlstat.May be repeated if clinically indicated-do not exceed 30ml/kg				
5. Check serial lactates If lactate >4mmol/l, Bleep CCORT (1505) or call H@N (2411) and recheck after each 10ml/kg challenge				Not applicable- initial lactate < 2
6. Measure urineoutput				
May require urinary catheter Ensure fluid balance chart commenced & completed hourly				
Sepsis 6 Recognition Does your patient have a suspected or proven infection with an EWS ≥ 3 and/or do they appear sick? If YES:			•	ning is ready to <u>administer</u> thin <mark>60 minutes</mark>

Do they meet ≥1 sepsis re	d flag criteria: TICK	•	High
New altered mental state			Risk of
• Respiratory rate: ≥ 25			Sepsis
 Needs Oxygen to keep SP02 ≥ 5 	YES		
• Heart rate: ≥130 beats per min	TES	Start	
Systolic BP ≤ 90 mmHg		Sepsis	
 Non-blanching rash, mottled, a 	ashen or cyanotic		Six pati
• Lactate≥ 2mmol/l			way

Call for help!!

Day (7am to 19:30)

Bleep 1505

Night (19:30 to 7am)

Call ext. 2411

Act Fast, Save Lives

Treat Sepsis! Don't Delay!