

Adult Sepsis Screening and Action Tool

To be applied to all non-pregnant adults and children over 15 years with fever (or recent fever) symptoms, or who are clearly unwell with any abnormal observations

Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Staff member completing form:

Date (DD/MM/YY): _____ Name (print): _____

Designation: _____ Signature: _____

Important:

Is a Last Day of Life Care Plan in place? Yes Is escalation clinically inappropriate? No Initials _____ Discontinue pathway

1. EWS 3 or above?

AND/OR does patient look sick?

YES

2. Could this be an infection?

- Yes, but source unclear at present Tick
- Pneumonia
- Urinary Tract Infection
- Abdominal pain or distension
- Cellulitis/ septic arthritis/ infected wound
- Device-related infection
- Meningitis
- Other (specify): _____

YES

3. Is ONE Red Flag present?

- Responds only to voice or pain/ unresponsive Tick
- Systolic B.P \leq 90 mmHg (or drop $>$ 40 from normal)
- Heart rate $>$ 130 per minute
- Respiratory rate \geq 25 per minute
- Needs oxygen to keep SpO₂ \geq 92%
- Non-blanching rash, mottled/ ashen/ cyanotic
- Not passed urine in last 18 hours
- Urine output less than 0.5 ml/kg/hr
- Lactate \geq 2 mmol/l
- Recent chemotherapy

YES

NO

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

NO

4. Any Amber Flag criteria?

- Relatives concerned about mental status Tick
- Acute deterioration in functional ability
- Immunosuppressed
- Trauma/surgery/procedure in last 6 weeks
- Respiratory Rate 21-24 or breathing hard
- Heart Rate 91-130 or new arrhythmia
- Systolic BP 91-100mmHg
- Not passed urine in last 12-18 hours
- Temperature $<$ 36°C
- Clinical signs of wound, device or skin infection

YES

Discuss with senior clinician, decide either:

- | | Time complete | Initials |
|--|---------------|----------|
| Start Sepsis Six pathway (see page 2) | _____ | _____ |
| Take bloods and review within 1 hour (FBC, U&E, CRP, LFT, coag, VBG lactate) | _____ | _____ |
| Hold off bloods and review within 1hr | _____ | _____ |

Clinical deterioration or AKI or lactate $>$ 2

YES NO

Clinician to make antimicrobial prescribing decision within 3h

Time complete Initials

Red Flag Sepsis!! Start Sepsis Six pathway NOW (see page 2)

This is time critical, immediate action is required.

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Make a treatment escalation plan and decide on CPR status
Inform consultant (use SBARR) patient has **Red Flag Sepsis**

Time zero

Consultant informed? (Tick)

Initials

Action (complete ALL within 1 hour)

Reason not done/variance

1. Administer oxygen

Aim to keep saturations >94%
(88-92% if at risk of CO2 retention e.g. COPD)

Time complete

Initials

2. Take blood cultures

At least a peripheral set. Consider e.g. CSF, urine, sputum
Think source control! Call surgeon/radiologist if needed

Time complete

Initials

3. Give IV antibiotics

Refer to hospital guideline
Consider allergies prior to administration

Time complete

Initials

4. Give IV fluids

If hypotensive/lactate >2mmol/l, 500ml stat
Repeat if clinically indicated – do not exceed 30ml/kg

Time complete

Initials

5. Check serial lactates

Repeat VBG lactate after fluid bolus completed. Send ABG lactate only if arterial line in situ
If lactate >4mmol/l, call Critical Care and recheck VBG after each 10ml/kg IV fluid challenge

Time complete

Initials

Not applicable – initial lactate

6. Measure urine output

May require urinary catheter
Ensure fluid balance chart commenced and completed hourly

Time complete

Initials

After delivering the Sepsis Six, does patient still have any of the following?

- systolic B.P <90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing or >2mmol/l

If escalation remains clinically appropriate.
Consider vasopressor support and call ICU IMMEDIATELY