

Sepsis Six Pathway

- i** Start/complete this form if NEWS equal to/greater than 3 OR clinical suspicion of infection
- i** If neutropenic sepsis is suspected then do not use this form but start the Suspected Neutropenic Sepsis Pathway

NEWS greater than 3 OR clinical suspicion of infection?
Are any 2 of the following present?

- Temperature less than 36°C or more than 38°C
- Respiratory Rate more than 20/minute
- Acutely altered mental state
- HR more than 90

If Yes

Consider:

- Respiratory tract
- Urinary tract
- Intra-abdominal
- Joint infection
- CNS
- Endocarditis
- Line infection

Measure Lactate - Result:
Time taken:

Systolic BP less than 90, or MAP less than 65, or Lactate greater than 2, or other evidence of organ dysfunction
(Creat greater than 177, Bili greater than 34, Plt less than 100, INR greater than 1.5, Urine output less than 0.5mL/kg/hour, SpO₂ less than 90%)

If Yes

Severe Sepsis (mortality rate ~35%)
Inform Consultant / Senior Doctor

Time Severe Sepsis Identified:
(complete tasks below within 1 hour)

Name of person completing form:

Date: DD / MM / YYYY Signature:

Name:

Date of Birth: DD / MM / YYYY

MRN Number:

NHS Number:

(OR AFFIX HOSPITAL LABEL HERE)

Sepsis. Investigate, treat and monitor closely. Restart assessment if patient later deteriorates

			Time done	Reason not done. Continue overleaf
1	100% oxygen	Give 15L/minute via facemask with reservoir bag unless oxygen restriction necessary (e.g. in chronic CO ₂ retention aim for an SaO ₂ of 88-92%).		
2	IV fluid bolus	Give a 500mL - 1000mL bolus of Hartmann's. Larger bolus may be required e.g. if systolic BP less than 90 or lactate greater than 4, consider 1500-2000ml		
3	Blood cultures	Take as per Trust guideline. Culture other sites as clinically indicated e.g. sputum, wound swabs, etc.		
4	IV antibiotics	Use trust antibiotic guidelines. Prescribe first dose on the front of the drug chart. Document target time ('to be given by'-time) in drug chart and inform nursing staff. Delay in administration increases mortality.		
5	Lactate + bloods	Lactate on arterial or venous sample. Also request FBC, U&E, LFT, clotting (INR and APTT) and glucose if not yet done. Consider blood transfusion if Hb less than 7 (or above this with comorbidities)		
6	Monitor urine output	Consider catheter. Monitor output hourly. Dip urine and send MSU/CSU. Fluid balance chart YES <input type="checkbox"/> / NO <input type="checkbox"/> Catheter YES <input type="checkbox"/> / NO <input type="checkbox"/>		
Repeat Lactate. Ensure urgent review by senior Doctor				
Contact relevant specialty team to ensure source control e.g. surgeons and consider contacting Acute Care Response Team - Bleep 1700 (CGH), 2700 (GRH)				