

Name:

Date of Birth: DD / MM / YYYY

MRN Number:

NHS Number:

(OR AFFIX HOSPITAL LABEL HERE)

Sepsis Screening and Action Tool

- i** This tool should be applied to all adult patients with fever (or recent fever) symptoms or who are clearly unwell with any abnormal observations.
- i** Use Neutropenic Sepsis Pathway if chemotherapy within last 6 weeks

Name of person completing form (Print Name)	Designation	Signature
Date DD / MM / YYYY	Arrival Time 00 : 00	

1 Does the patient look sick or have a NEWS of 3 or more? Yes No **No** → **Sepsis not present now**

- Treat to standard protocols
- Review with investigation result as available

Yes ↓

2 Could this be an infection? Yes No
For example : Pneumonia, Urinary Tract Infection, Abdominal pain/distension, Meningitis, Cellulitis, Septic arthritis, Infected wound

Yes → Lactate result:

3 Is any red flag present? (please tick)

Yes No Systolic B.P. below 90mmHg (or drop of more than 40mmHg from normal)

Yes No Has not passed urine for over 18 hours, (less than 0.5ml/Kg of urine per hour if catheterised)

Yes No Lactate 2mmol/l or more

Yes No Heart rate above 130 per minute

Yes No Respiratory rate above 25 per minute

Yes No Needs oxygen to maintain oxygen sats above 92% (88% in COPD)

Yes No Responds only to voice or pain / Unresponsive

Yes No Purpuric rash or mottled/ashen

Yes No Cyanosis of skin, lips or tongue

No ↓

Risk of sepsis. Assess for amber features and follow pathway overleaf

→

RED FLAG SEPSIS - Complete ALL ACTIONS as soon as possible, but always within 60 minutes of arrival

Sepsis Six	Target Time	Time Done
1 Give Oxygen. Aim for saturations above 94%	= Time of arrival +60 minutes	00 : 00
2 Blood cultures and consider source control		00 : 00
3 Intravenous antibiotics - prescribe and give with 60 mins		00 : 00
4 Intravenous fluid resuscitation. give as bolus according to lactate (protocol - see over)		00 : 00
5 Bloods (see below) haemoglobin and serial lactates		00 : 00
6 Monitor urine output hourly. May require catheter. Urinalysis send MSU/CSU		00 : 00

Communication: Inform senior clinician (i.e. registrar or above) Yes No

Additional: Bloods should include: FBC, U/E's, CRP, LFT's and clotting profile. Observations should be taken every 30 minutes. Lactate should be repeated within 2 hours. Perform a CXR if applicable. Consider source control (e.g. surgical intervention)

Risk of Sepsis?

- Any Amber Flag criteria?
- Yes No Relatives concerned about mental status
 - Yes No Acute deterioration in functional ability
 - Yes No Immunosuppressed
 - Yes No Trauma/Surgery/Procedure in last 6 weeks
 - Yes No Respiratory rate 21-24 per minute
 - Yes No Systolic BP 91-100mmHg
 - Yes No Heart rate above 91-130 per minute or new dysrhythmia
 - Yes No Not passed urine in the last 12-18 hours
 - Yes No Temperature less than 36°C
 - Yes No Clinical signs of wound, device or skin infection

Yes ↓

Send bloods if 2 criteria present (consider if 1) To include FBC, U&Es CRP, LFTs, Clotting	Time complete: 00 : 00	Initials:
Ensure Urgent Senior review Must review with results within one hour	Time complete: 00 : 00	Initials:

↓

Is AKI present?

Yes ↓ ↓ No

Follow Sepsis 6 pathway (overleaf)

Clinician to make antimicrobial prescribing decision within 3 hours
 Time complete: **00 : 00** Initials:

 If senior clinician happy, may discharge with appropriate safety netting

Fluid Management

