



Patient details (affix label):


Staff member completing form:

Date (DD/MM/YY):

Name (print):

Designation:

Signature:

**Important:** Is an end of life pathway in place? Yes  Is escalation clinically inappropriate? Yes  Initials  Discontinue pathway

## 1. Does patient look sick?

OR  $\uparrow$  NEWS  $\geq 3$  [Inpatients  $\geq 5$  or single parameter  $\geq 3$ ]?

Tick



## 2. Could this be due to an infection?

Yes, but source unclear at present

Pneumonia

Urinary Tract Infection

Abdominal pain or distension

Cellulitis/ septic arthritis/ infected wound

Device-related infection

Meningitis

Other (specify: .....)

Tick



## 3. ANY red flag criteria?

Objective evidence of new altered mental state

Heart rate  $> 130$  per minute

Systolic B.P  $\leq 90$  mmHg (or drop  $>40$  from normal)

Respiratory rate  $\geq 25$  per minute

New O<sub>2</sub> requirement to keep SaO<sub>2</sub>  $\geq 92\%$  (88% in COPD)

Non-blanching rash / mottled / ashen / cyanotic

Not passed urine in last  $\sim 18$  h (or U.O.  $<0.5$  ml/kg/hr)

Lactate  $\geq 2$  mmol/l (if available)

Severe immunosuppression, e.g. suspected neutropaenia

Tick



Low risk of sepsis if normal behaviour and no high or moderate risk criteria present. Use standard protocols, consider discharge (approved by senior decision maker) with safety netting



## 4. Any amber flags (other sepsis concern)?

Other risk factor(s) for severe infection<sup>1</sup>

Acute deterioration in functional/mental state

Systolic BP 91-100 mmHg or new arrhythmia

Hypothermia

Patient, relative or health professional remains worried

<sup>1</sup> E.g. recent surgery; immunosuppression; oral steroids; rapidly spreading cellulitis or possible necrotizing fasciitis (Is pain out of proportion to clinical signs of cellulitis?).

[N.B. severe immunosuppression incl. neutropaenia = 'red flag']



Send bloods (including blood cultures, FBC, U&Es, CRP, LFTs, clotting, VBG)

Time complete Initials

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Organize early clinical assessment  
USE SBAR! Review results within 1 hour

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Time clinician attended

<input type="text"/>	<input type="text"/>
----------------------	----------------------



AKI or Lactate  $\geq 2$ ?

(& infection concern persists)

YES

NO



Clinician to make antimicrobial prescribing decision within 3h.  
Treat all bacterial infections promptly.

Time complete Initials

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If senior clinician happy, may discharge with appropriate safety netting [ED/AMU]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Treat Urgently for Sepsis NOW (see overleaf)**

This is time critical, immediate action is required.

Your logo

# Sepsis Six Pathway

To be applied to all adults and young people over 12 years of age with suspected or confirmed Red Flag Sepsis



Make treatment escalation plan; review CPR status  
Inform SpR/Consultant (*use SBAR*) patient has **Sepsis**

Time zero

Consultant informed? (tick)

Initials



Action (complete ALL within 1 hour)

Time complete

Initials

Reason not done/variance

## 1. Oxygen

Aim to keep saturations 94-98%  
(88-92% if at risk of CO<sub>2</sub> retention e.g. COPD)

## 2. Blood (± other) cultures

At least 1x peripheral blood ± line cultures.  
CXR & urinalysis (± CSF, urine culture, etc)  
**Source control** – call surgeon/radiologist?

## 3. IV antibiotics

According to Trust protocol  
Consider allergies prior to administration

## 4. IV fluids

Consider 500ml stat if low BP or lactate >2mmol/l. Repeat if clinically indicated – max 30ml/kg

## 5. Check serial lactates

If lactate >4mmol/l consider referral to Critical Care and recheck after each ~10ml/kg challenge

Not applicable- initial lactate <2

## 6. Monitor urine output

Consider if urinary catheter required  
Commence hourly fluid balance chart

If after delivering Sepsis Six there is:

- further clinical deterioration
- persistent systolic BP <90 mmHg
- lactate not reducing

*or if patient critically ill at any time*

**Discuss with Critical Care / Outreach team**

Space available for local short antimicrobial guideline/ escalation policy