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Generic Sepsis Screening & Action Tool

To be applied to all non-pregnant adults and young people over 16 years with symptoms of infection, or who are clearly unwell with any abnormal observations

THE UK SEPSIS TRUST

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 **↑NEWS ≥3** [Inpatients ≥5 or single parameter **≥3**]?

Tick

N → 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

Y ↓

2. Could this be due to an infection?

	Tick
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: .....)	☐

N →

Y ↓

3. ANY red flag criteria?

	Tick
Objective evidence of new altered mental state	☐
Heart rate > 130 per minute	☐
Systolic B.P ≤ 90 mmHg (or drop >40 from normal)	☐
Respiratory rate ≥ 25 per minute	☐
New O_2 requirement to keep SpO_2 ≥92% (88% in COPD)	☐
Non-blanching rash / mottled / ashen / cyanotic	☐
Not passed urine in last ~18 h (or U.O. <0.5 ml/kg/hr)	☐
Lactate ≥2 mmol/l (if available)	☐
Severe immunosuppression, e.g. suspected neutropaenia	☐

N →

Y ↓

4. Assess further for possible sepsis

	Time complete	Initials
Organize early clinical assessment USE SBAR!		
Send bloods (including blood cultures, FBC, U&Es, CRP, LFTs, clotting, VBG)		
Full clinical assessment [Record time clinician attended]		

Consider other investigations (e.g. CXR, urinalysis ± MSU, etc)

Treat obvious bacterial infections promptly

↓

Monitor observations at least hourly

Review blood results within 1 hour — Time complete | Initials

↓

AKI or Lactate ≥2? (& infection concern persists) YES ☐ NO ☐

N →

Y ↓

Clinician to make antimicrobial prescribing decision within 3h. **Treat all bacterial infections promptly.** — Time complete | Initials

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

Y ↓

Treat Urgently for Sepsis NOW (see overleaf)

This is time critical, immediate action is required.

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Sepsis Six Pathway

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

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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_2 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 500ml stat if hypotensive / 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