1. Does patient look sick?  
**Tick**  
Yes, or **NEWS ≥3** [Inpatients ≥5 or single parameter ≥3]?  

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: ……………………..)  

3. ANY red flag criteria?  
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 O₂ requirement to keep SaO₂ ≥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 neutropenia  

4. Any amber flags (other sepsis concern)?  
Other risk factor(s) for severe infection¹  
Acute deterioration in functional/mental state  
Systolic BP 91-100 mmHg or new arrhythmia  
Hypothermia  
Patient, relative or health professional remains worried  
² 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)  
Organize early clinical assessment  
USE SBAR! Review results within 1 hour  
Time clinician attended  

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

Clinician to make antimicrobial prescribing decision within 3h.  
Treat all bacterial infections promptly.  
If senior clinician happy, may discharge with appropriate safety netting [ED/AMU]  

**Treat Urgently for Sepsis NOW** (see overleaf)  
This is time critical; immediate action is required.
### 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**

<table>
<thead>
<tr>
<th>Action (complete ALL within 1 hour)</th>
<th>Time complete</th>
<th>Initials</th>
<th>Reason not done/variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Oxygen</strong>&lt;br&gt;Aim to keep saturations 94-98%&lt;br&gt;(88-92% if at risk of CO₂ retention e.g. COPD)</td>
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<tr>
<td><strong>2. Blood (± other) cultures</strong>&lt;br&gt;At least 1x peripheral blood ± line cultures.&lt;br&gt;CXR &amp; urinalysis (± CSF, urine culture, etc)&lt;br&gt;<em>Source control</em> – call surgeon/radiologist?</td>
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<tr>
<td><strong>3. IV antibiotics</strong>&lt;br&gt;According to Trust protocol&lt;br&gt;Consider allergies prior to administration</td>
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<tr>
<td><strong>4. IV fluids</strong>&lt;br&gt;Consider 500ml stat if low BP or lactate &gt;2mmol/l. Repeat if clinically indicated – max 30ml/kg</td>
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</tr>
<tr>
<td><strong>5. Check serial lactates</strong>&lt;br&gt;If lactate &gt;4mmol/l consider referral to Critical Care and recheck after each ~10ml/kg challenge</td>
<td></td>
<td></td>
<td>Not applicable- initial lactate &lt;2</td>
</tr>
<tr>
<td><strong>6. Monitor urine output</strong>&lt;br&gt;Consider if urinary catheter required&lt;br&gt;Commence hourly fluid balance chart</td>
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</tr>
</tbody>
</table>

**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**

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**Space available for local short antimicrobial guideline/escalation policy**