Please attach Patient sticker here or record:

Name: _____

NHS No: | | | | | | | | | | |

Hosp No: | | | | | | | | | | |

D.O.B: D D / M M / Y Y Y Y Male ☐ Female ☐

Sepsis Patient Pathway
Emergency Department

NHS
Worcestershire Acute Hospitals
NHS Trust

News _____ Date _____ Time _____ Nurse's name (Print) _____

'Suspected Sepsis' Screening Tool for patients over 18 years old with NEWS > / = 5 and suspected infection.

Could this be Sepsis? **1 or more clinical signs of organ dysfunction (RED FLAGS/High risk criteria)?**	
Systolic BP under **90mmHg** or drop >40 from normal	
New need for oxygen to keep SpO2 over **92%**	
AKI: Urine output under **0.5ml / kg / hr** for 2 hours (if catheterised) or no urine output for **18 hours**	
Raised respiratory rate greater than **25 breaths / min**	
Objective evidence of **new altered mental state**: ACVPU score **C or less**	
Heart rate greater than **130 bpm**	
Lactate over **2mmol / l**	
Non-blanching **rash** or **mottled / ashen / cyanotic** skin, lips or tongue	
Chemotherapy within 6 weeks **Consider EMERGENCY SEPSIS PACK**	

If Yes

If No

1 or more **AMBER FLAGS/Moderate risk** criteria present? **Risk of developing Sepsis. Treat suspected infection.**		
Does the patient look **unwell?**		Take specimens for **culture** i.e. Blood, urine, sputum and wound swabs **Antibiotics** directed at source of infection Consider **IV fluid** therapy Reassess for **SEPSIS** with hourly observations Review by **ST3+ Dr WITHIN 3H**
Recent **trauma / surgery / pregnancy**?		
Relatives concerned about **mental status**?		
Acute **deterioration** in functional ability?		
Respiratory rate **21–24** or breathing hard		
Heart rate **91–130** or new arrhythmia		
Systolic BP **91–100mmHg**		
Not passed urine in last **12–18 hours**		
Clinical sign of wound, device or skin **infection**		
Temperature less than **36°C**		

SEPSIS diagnosed at:						**SEPSIS IS LIFE THREATENING COMPLETE SEPSIS 6 IN ONE HOUR**	Time completed				Reason omitted **(use Code below only)**
					hrs						
OXYGEN THERAPY Target oxygen saturation of **94%–98%**. 88% – 92% in COPD patients at risk of hypercapnic respiratory failure (NEWS SpO2 scale 2). Perform an ABG if concerns.								:			
I.V FLUID: Consider 500ml 0.9% saline STAT if BP <90mmHg and **review response**. Patient may require 30ml / kg fluid resuscitation (crystalloid).								:			
IV ANTIBIOTICS as per Trust guidelines within an hour. MAKE SURE THAT THEY ARE GIVEN.								:			
BLOOD CULTURES, also FBC, U&E, LFT, CRP, clotting and glucose. Take a **venous blood gas** sample at the same time to measure lactate. Take specimens for culture i.e. CSU, sputum and wound swabs. Consider X-Ray / USS / CT as indicated to identify source.								:			
Measure LACTATE – a venous sample in a blood gas syringe is adequate to assess metabolic state, take to nearest blood gas machine to analyse ASAP. This will also give a glucose result. Consider ABG if concerns about gas exchange.								:			
MONITOR URINE OUTPUT HOURLY – Document hourly on fluid chart. **Document '0' if no UO that hour**, don't leave blank. Consider catheterisation.								:			
							Catheter		Yes	No	

CODES for above: See Drs notes overleaf **A** SpO2 within acceptable range **B** Catheterization not appropriate at this stage **C** Patient refusal **D**

Form valid for 48h following completion unless further clinical concerns / patient deterioration. Septic shock >40% mortality: bleep ICU Team 0933 Alex / 702 WRH

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News _____ Date _____ Time _____ Nurse's name (Print) _____

Medical 'Face to Face' Review **Sign** _____ **Print / Stamp** **GMC No** _____

System	Possible source? (Tick)	Further action
Chest (samples taken for micro, legionella, pneumococcus, HIV, CURB-65 score?)		
Abdomen (need for imaging / surgery / drainage?)		
Wound infection (Swabs sent? Does wound need debriding?		
Endocarditis (Cultures sent, ECG, Echo)		
Device-related infection (remove device?, cultures)		
Central nervous system (LP, appropriate antibiotics / antivirals?) *Consider 'non-infective' causes of delirium*		
Urinary tract (cultures taken, imaging of renal tract?)		
Cellulitis (Cultures? Debridement necessary?)		
Septic arthritis (aspiration of joint? T+O referral?)		
Source unclear (cultures: blood, urine, sputum, CXR, imaging of abdomen, whole body survey)		

Notes / bloods / radiology reviewed?	Y	N	Sepsis diagnosed?	Y	N	***If yes 'Start Smart' (see MicroGuide) & r/v previous micro results to check for resistance***		
If no, what is alternative diagnosis?								
Review by Senior (ST4+) ED Dr?	Y	N	Time of referral?			Specialty?		
ReSPECT form REVIEWED?	Y	N	Full escalation appropriate?	Y	N	Treatment Limitations?	Y	N
Adjusted NEWS escalation trigger?	Y	N	Score:	MONITORING / Frequency of patient observations (circle)? As per protocol / Hourly				

Review response to Sepsis 6. Consultant involvement recommended if condition fails to respond within 1 hour of initial treatment.

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