DETERIORATING PATIENT ALERT

NEWS _____ CALL MADE AT ___:___ ON ___/___ /___
IF NO RESPONSE IN 15 MINS CALL SPR/CONSULTANT
NURSE NAME (PRINT)_____
WARD_____

Could this be due to an infection?

Cough / sputum / chest pain		Headache with neck stiffness	
Abdo pain / distension / diarrhoea		Dysuria/ loin pain	
Fever		Cellulitis / wound infection / device-related infection	
Endocarditis		Septic arthritis	
Immunosuppression		Yes / other site / source unclear	

Could this be sepsis?

	TICK
Yes = Complete 'Suspected Sepsis' Screening Tool	
No = Sepsis screening complete	

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