SEPSIS FORM - ADULT

For In-patient (**IP**) and Emergency Department (**ED**) use

Use Clinical Judgement

Where you see this symbol, there is supporting information on page 2

LIKELY INFECTION?

SCREEN FOR SEPSIS

- INEWS ≥ 4 (or ≥ 5 on Oxygen)
- INEWS < 4 or < 5 if on Oxygen in immunocompromised or older person
- ED Sepsis Screen at Triage

Check for 1,2 or 3

1 **Risk of Neutropenia e.g. on chemotherapy/radiotherapy**

2 **Clinical evidence of NEW ONSET organ dysfunction**

3 **Systemic Inflammatory Response (≥ 2 SIRS) plus ≥ 1 Comorbidity**

If there IS evidence of 1, 2 or 3:

- **IP** Use INEWS Escalation and Response Protocol - escalate to medical review within 30 mins
- **ED** Triage Category 2

Continue Sepsis Form and place with chart

If there is NO evidence of either 1, 2 or 3:

- Follow usual management pathway
- **IP** Use INEWS Escalation and Response Protocol
- **ED** Triage Category 3 - Reassess if deteriorates

Name:

DOB:

HCRN:

Addressograph Label

Date:

Time of INEWS/Triage:

INEWS: ☐ **or Triage Category:** ☐

Signature:

NMBI PIN/MCRN:

A) MEDICAL REVIEW

Site of Infection:

____

If no clinical suspicion of infection, end form and sign at the bottom ☐

1. **At risk of neutropenia** ☐
2. **New onset organ dysfunction** ☐
3. **≥ 2 SIRS + ≥ 1 Comorbidity** ☐

If 1, 2 or 3 ticked

Is there is an end of life care plan in place where the sepsis 6 would not be appropriate ?

IF NO, proceed with Sepsis 6 ☐

If infection is present and 1, 2 or 3 or clinical judgement are not applicable, end the form and sign. Continue usual treatment pathway but review diagnosis if patient deteriorates ☐

Signature:______________________________

If yes, ☐ do not proceed with sepsis pathway and document in clinical notes

NMBI/MCRN:______________________________

B) SEPSIS 6 BUNDLE

TIME ZERO: ☐

1 hr to complete

TAKE 3

Blood Cultures	☐	Time:__________
Blood Tests incl. lactate	☐	Time:__________
Urine Output Assessment	☐	Time:__________

GIVE 3

IV Antimicrobials	☐	Time:__________
IV Fluids	☐	Time:__________
Oxygen given	☐	Time:__________

NOTES

C) MEDICAL REVIEW **Post Sepsis 6 bundle administration**

Evidence of infection and new onset organ dysfunction (including at initial presentation) → This is **SEPSIS**: Seek senior input as per local guideline ☐

Evidence of infection without any new onset organ dysfuntion (including at initial presentation) → This is **NOT SEPSIS**: Proceed with usual treatment for specific infection ☐

Look for signs of Septic Shock

Requires inotropes/pressors to maintain MAP ≥ 65 mmhg ☐

If yes, this is SEPTIC SHOCK ☐

Inform Consultant ☐

Contact CRITICAL CARE ☐

D) Clinical Handover

using ISBAR3

This section only applies when handover occurs before the form is completed which is then signed off by receiving doctor

Doctor's Name:

Doctor's Signature:

MCRN:

Date:

Sections Completed

A ☐

B ☐

Receiving Doctor's Name:

Form Completion

including Section C

Doctor/Practitioner's Name: **MCRN/NMBI:**

Doctor/Practitioner's Signature: **Date:** **Time:**

SEPSIS FORM - ADULT

This side of the form provides important information to support the completion of Page 1 of the Sepsis Form

Name:

DOB:

HCRN:

Addressograph Label

Infection Sites

- Respiratory Tract
- Skin
- Central Nervous System
- Intra-abdominal
- Catheter/Device related
- Urinary Tract
- Intra-articular/Bone
- Unknown
- Other

Who needs to get the Sepsis 6 treatment bundle?

***Infection** plus any one of the following:*

1

Risk of Neutropenia e.g. on chemotherapy/radiotherapy

Patients at risk of neutropenia due to bone marrow failure, autoimmune disorder or treatment including but not limited to chemotherapy and radiotherapy who present unwell

2

Clinical evidence of NEW ONSET organ dysfunction such as any of one of the following:

- Acutely altered mental state
- Oligo or anuria
- Non-blanching rash
- Respiratory Rate > 30 rpm
- Pallor/mottling with prolonged capillary refill
- Systolic Blood Pressure < 90 mmHg
- Heart Rate > 130 bpm
- Oxygen Saturation < 90%
- Other organ dysfunction

3

Systemic Inflammatory Response (≥2 SIRS) plus ≥1 Comorbidity

SIRS Note - physiological changes should be sustained not transient

- Respiratory Rate ≥ 20 breaths/min
- Heart Rate > 90 beats/min
- WCC < 4 or > 12 x 10^9/L
- Temperature < 36 or > 38.3°C
- Acutely altered mental state
- Bedside glucose > 7.7mmol/L *(in the absence of diabetes mellitus)*

Co-morbidities associated with increased mortality in sepsis

- COPD
- DM
- Frailty
- Immunosuppressant medications
- HIV/AIDS
- Chronic liver disease
- Age ≥ 75 years
- Cancer
- Recent Surgery/Major trauma
- Chronic kidney disease

The Sepsis 6 treatment bundle

TAKE 3

Blood Cultures

Take blood cultures using aseptic (no touch) technique prior to giving antimicrobials unless this leads to a delay > 45 minutes. Other cultures as indicated by history and examination.

Blood Tests

Point of care lactate (venous or arterial). Full blood count, Renal Profile, Liver Profile +/- Coagulation screen.
Other tests and investigations as indicated.

Urine Output

Assess urinary output as part of volume/perfusion status assessment. For patients with sepsis/septic shock start fluid balance charts. Catheterisation and hourly measurements may be required.

GIVE 3

IV Antimicrobials

Give antimicrobials as per local antimicrobial guideline based on the site and source of infection (community or healthcare acquired) and the patient's allergy status. Assess requirement for source control.

IV Fluids

Patients with hypotension should receive up to 30mls/kg of isotonic crystalloid within 1 hour of presentation. Start vasopressors in patients who are fluid unresponsive. Patients with hypoperfusion should receive fluid to restore perfusion using a bolus and review technique. Give 500ml bolus over 15mins up to 2 litres, reassessing frequently. Boluses may be amended based on clinical context - see fluid resuscitation algorithm.
Call Anaesthesiology/Critical Care if hypotensive or if unresponsive to fluid

Oxygen (only give if needed)

Titrate supplementary oxygen to achieve oxygen saturations 94-96% (88-92% in patients with chronic lung disease).

Evidence of infection and new onset organ dysfunction (Either at Initial presentation or after Sepsis 6 given)

- Lactate ≥ 4 mmol/L after 30mls/kg Intravenous fluid therapy
- Cardiovascular - systolic BP < 90 mmHg or Mean Arterial Pressure (MAP), < 65 mmHg or Systolic BP > 40 mmHg below patients normal
- Respiratory - New need for oxygen to achieve saturation > 90% (note this is a definition not the target)
- Renal - Creatinine > 170 micromol/L OR urine output < 0.5ml/kg for 2 hours - despite adequate fluid resuscitation
- Liver - Bilirubin > 32 micromol/L
- Haematological - Platelets < 100 x 10^9/L
- Central Nervous System - Acutely altered mental status

Any pathway modifications need to be agreed by the Hospital Sepsis Committee and align with the current National Clinical Guideline for Sepsis Management for Adults including maternity

Practical Guidance

- Reassess the patient's clincal response frequently
- Reassess and repeat lactate within 3hrs, or more frequently as indicated, if the first is abnormal
- Achieve source control, if required, at the earliest opportunity
- If the patient is deteriorating despite appropriate treatment, seek senior assistance and reassess antimicrobial therapy
- Use Clinical Judgement