



INEWS  $\geq 4$   
(or  $\geq 5$  on  $O_2$ )

"Think SEPSIS"

Always exercise clinical judgement

**Clinical suspicion of infection?**

**YES**



### Sepsis Screen Required

Identify which of the following 4 groups the patient belongs to and escalate appropriately.

1

At risk of  
neutropenia

2

Any 1 sign of  
acute organ  
dysfunction

3

SIRS Response,  
i.e.  $\geq 2$  SIRS criteria

+  $\geq 1$   
co-morbidity

4

+ No  
co-morbidities

**START SEPSIS FORM**

Medical review within minimum 30min  
(follow INEWS escalation protocol)

Follow usual INEWS  
escalation protocol

# SEPSIS 6 (WITHIN 1 HOUR)

## TAKE 3

- 1. CULTURES:** Before giving antimicrobials.
- 2. BLOODS:** Lactate, FBC, U&E and others as indicated.
- 3. URINE OUTPUT:** Assess as part of volume/perfusion status assessment.

## GIVE 3

- 1. OXYGEN:** Titrate sats to 94-96% or 88-92% as appropriate.
- 2. FLUIDS:** To ensure perfusion. Start pressors early if required.
- 3. ANTIMICROBIALS:** According to local guidelines.

## WITHIN 3 HOURS:

- Review response to treatment.
- Review diagnosis and treatment with blood and other test results.
- Diagnose Sepsis/Septic shock and document as appropriate.
- Escalate as indicated.
- Don't forget source control!