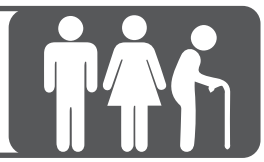
Sepsis Form - In-Patient Adult

Start Sepsis form if there is a suspicion of infection and NEWS ≥ 4 (or ≥ 5 on oxygen) or Exercising clinical judgement

There are separate sepsis criteria for maternity patients and children



Section 1 Sepsis screen for Nursing Staff

Suspicion of infection ☐

AND

Patient presentation ☐ **1** ☐ **2 or** ☐ **3**

(see Section 3 and Adult In-Patient Sepsis Management Algorithm).

Action:
NEWS ≥ 4 or Exercising clinical judgement – escalate to medical review within 30 mins.
1) Inform if screen positive
2) Start Sepsis Form and put with clinical notes

Addressograph here

Date: Time of NEWS: NEWS:

Signature: NMBI PIN:

Section 2 Sepsis diagnosis for Medical Staff

Document site of suspected infection after medical review

☐ Respiratory Tract ☐ Intra-abdominal ☐ Urinary Tract
☐ Skin ☐ Catheter/Device Related ☐ Intra-articular/Bone
☐ Central Nervous System ☐ Unknown
☐ Other suspected site:

☐ **No clinical suspicion of INFECTION**: terminate form and sign at bottom.

Section 3

Who needs to get the "Sepsis 6" – infection plus any one of the following:

1. ☐ 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. ☐ Clinically apparent new onset organ failure, any one of the following:

☐ Acutely altered mental state ☐ RR > 30 ☐ O_2 sat < 90% ☐ HR > 130
☐ Oligo or anuria ☐ Pallor/mottling with prolonged capillary refill ☐ SBP < 100
☐ Non-blanching rash ☐ Other organ dysfunction

3. ☐ Patients with a systemic inflammatory response (≥2 SIRS) plus ≥ 1 co-morbidity.

SIRS criteria: Note – physiological changes should be sustained not transient.

☐ Respiratory rate ≥ 20 breaths/min ☐ WCC < 4 or > 12 x 10^9/L ☐ Bedside glucose >7.7mmol/L *(in the absence of diabetes mellitus)*
☐ Heart rate > 90 beats/min ☐ Temperature <36 or >38.3^{0}C

Co-morbidities associated with increased mortality in sepsis.

☐ COPD ☐ DM ☐ HIV/AIDS ☐ Chronic liver disease ☐ Cancer ☐ Chronic kidney disease
☐ Immunosuppressant medications ☐ Age ≥75 years ☐ Frailty ☐ Recent surgery/major trauma

Section 4

☐ **If YES** after medical review to Section 2 **PLUS** 1,2 or 3 in Section 3.

Start SEPSIS 6 (Section 6)

Time Zero:

Section 5

☐ **If NO** to infection with a high-risk presentation (1, 2 or 3), tick NO and sign off. If infection and low-risk presentation, tick infection and continue usual treatment pathway. Review diagnosis if patient deteriorates.

☐ **Infection**

Antimicrobial given:

Has a decision been made to apply a relevant treatment limitation plan.

☐ Do not proceed with Sepsis pathway. Document limitations in clinical notes.

Doctor's Name: **Doctor's Signature:**

MCRN: **Date:** **Time:**

Continue overleaf

Sepsis Form - In-Patient Adult

ALWAYS USE CLINICAL JUDGEMENT

Addressograph here

Treatment, Risk Stratification and Escalation

Section 6

TAKE 3 **SEPSIS 6 - aim to complete *within 1 hour*** **GIVE 3**

- ☐ **BLOOD CULTURES:** Take blood cultures prior to giving antimicrobials unless this leads to delay > 45minutes. Other cultures as indicated by history and examination.
- ☐ **BLOOD TESTS:** Point of care lactate (venous or arterial). FBC, U&E, LFTs +/- Coag. Other tests and investigations as indicated.
- ☐ **URINE OUTPUT:** Assess urinary output as part of volume/perfusion status assessment. For patients with sepsis or septic shock start hourly urinary output measurement.
- ☐ **OXYGEN:** _____ **%.** Range 21% (R/A) to 100%. Titrate to saturations of 94-98%, 88-92% in chronic lung disease.
- ☐ **FLUIDS: Volume in 1st hour** _____ **mls.** Patients who present with hypotension should receive 30mls/kg of a balanced salt solution within 1 hour of presentation. Start pressors in patients who are fluid unresponsive. Patients with hypoperfusion should receive fluid to restore perfusion using a bolus and review technique. 500ml boluses are recommended but may be amended based on clinical context. See fluid resuscitation algorithm.
- ☐ **ANTIMICROBIALS:** Give antimicrobials as per local antimicrobial guideline based on the site of infection, community or healthcare acquired and the patients allergy status. Assess requirement for source control.

Type: _____ Dose: _____ Time given: _____

Section 7

Look for signs of new organ dysfunction after the Sepsis 6 bundle has been given or from blood test results – any one is sufficient:

- ☐ Lactate ≥ 4 after 30mls/kg Intravenous therapy
- ☐ Cardiovascular - Systolic BP < 90 or Mean Arterial Pressure (MAP) < 65 or Systolic BP more than 40 below patient's 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 < 500mls/24 hrs – despite adequate fluid resuscitation
- ☐ Liver - Bilirubin > 32 micromol/L
- ☐ Haematological - Platelets < 100 x 10^9/L
- ☐ Central Nervous System - Acutely altered mental status

One or more new organ dysfunction due to infection:

☐ **This is SEPSIS**: Seek senior input as per local guideline.

No new organ dysfunction due to infection:

☐ **This is NOT SEPSIS**: If infection is diagnosed proceed with usual treatment pathway for that infection.

Section 8

Look for signs of septic shock

(following adequate initial fluid resuscitation, typically 2 litres in the first hour unless fluid intolerant)

- ☐ Requiring inotropes/pressors to maintain MAP ≥ 65

☐ **This is SEPTIC SHOCK**

- ☐ Inform Consultant
- ☐ Contact CRITICAL CARE

Practical Guidance

Re-assess the patient's clinical response frequently. Re-assess and repeat lactate, if the first is abnormal, by 3hrs.
Achieve source control as soon as practicable.
If the patient is deteriorating, despite appropriate treatment, seek senior assistance, re-asssess antimicrobial therapy and the need for source control.

Pathway Modification

All Pathway modifications need to be agreed by the Hospital's Sepsis Committee and be in line with the National Clinical Guideline.

Section 9

Clinical Handover. Use ISBAR$_3$ Communication Tool

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

Doctor's Name (PRINT): _____ Doctor's Signature: _____ **Doctor's Initials** _____ **MCRN** _____

Patient care handed over to: _____ Time: _____ Sections completed: _____

Form completed by

Doctor's Name: _____ **Doctor's Signature:** _____

MCRN: _____ **Date:** _____ **Time:** _____

File this document in the patient notes – other aspects of patient management should be documented on the continuation sheets.

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