

# Sepsis Early Recognition and Management Tool

## Are any 2 or more of the following present?

- Temperature > 38.3 or < 36°C
- Respiratory rate > 20 per minute
- Heart rate > 90 per minute (including AF)
- SpO<sub>2</sub> < 92% on air OR on supplemental O<sub>2</sub>
- Acute confusion / reduced conscious level
- Glucose > 7.7mmol/L (unless diabetic)
- WCC < 4 or > 12 x 10<sup>9</sup>

**YES**

**NO**

## Is infection the most likely cause

Consider other life threatening conditions that mimic sepsis e.g. asthma, PE, etc

**NO**

### Sepsis unlikely

Time: \_\_\_\_\_

Treat to standard protocols  
Re check sepsis triggering with WCC if not available at first check  
If still thought to be sepsis or has had recent **chemotherapy** patient **MUST** be discussed with an ST3+ doctor within 30 min

Oxygen

Arterial / Venous Blood gas

Review by Doctor within 10 min

Dr Informed: \_\_\_\_\_ Time: \_\_\_\_\_

**YES**

### Sepsis + ve

Time: \_\_\_\_\_

Inform responsible clinician  
Commence oral / IV antibiotics as appropriate  
Begin hourly observations and **reassess for red flags / deterioration hourly**  
Ensure blood test for markers of severe sepsis are sent  
Monitor urine output & administer IV fluid as required  
Blood cultures if indicated  
**Consider other life threatening conditions that mimic sepsis e.g. asthma, PE etc**

## Is any red flag present?

- Systolic BP < 90mmHg or MAP < 65
- Lactate > 2mmol/L
- Heart rate > 130 per minute
- Respiratory rate > 25 per minute
- Oxygen saturations < 91% (on O<sub>2</sub>)
- V, P or U on the AVPU scale
- Purpuric rash

**NO**

### Sepsis Six

Time: \_\_\_\_\_

1. High flow oxygen
2. Blood cultures x2 and consider source control (e.g. surgery)
3. IV antibiotics (see protocol)
4. IV fluid resuscitation
5. Check haemoglobin and serial lactates
6. Hourly urine output measurement

**Inform senior doctor**

**YES**

### Red Flag sepsis +ve

Time: \_\_\_\_\_

Review by a senior doctor (ST3 +)  
Observations every 30 min  
Bloods: FBC, U&Es, LFTs, clotting  
Repeat lactate in 2 hours  
CXR & Urinalysis  
Ensure adequate fluid resuscitation & continue antibiotics

## Is there any evidence of Organ Dysfunction?

- Hypotension despite 30 ml/kg fluid resuscitation
- Lactate > 4mmol/L
- Not passed urine for > 8 hours
- INR > 1.5 **OR** APTT > 60s (unless on warfarin)
- Platelets < 100
- Creatinine > 177umol/L or 50% > than baseline
- Bilirubin > 34umol/L

**YES**

**NO**

### Septic Shock +ve

Time: \_\_\_\_\_

Urgent senior doctor (ST3+) review within 30 min  
Observations every 15 min  
Start 4 hourly sepsis bundle  
Bloods: FBC, U&Es, LFTs, clotting  
CXR & Urinalysis  
Ensure adequate fluid resuscitation  
**Consultant to be informed and to refer to critical care as appropriate - Consider appropriate ceilings of care**