Sepsis Screening Tool

Sepsis — 60 Minutes to Save a Life

NHS Brighton and Sussex University Hospitals NHS Trust

Patient details sticker

Staff member completing form:
Date: .... Form started: ....
Name (PRINT): ....
Signature: ....

NEWS 5 or more **OR** Does the patient look sick/clinical concern? **AND** Known infection, signs and symptoms of infection or at risk of infection.

COULD THIS BE SEPSIS?

NO — clinician reviewed and differential diagnosis more likely.

Signature:	**Differential:**
Designation:	**Time:**

DON'T KNOW →

- Escalate for senior review
- Take full set of bloods and VBG/ABG
- Take patient history and assess

→ **CONSIDER**

Source of infection

- Resiratory ☐
- Urinary ☐
- Abdominal ☐
- Cellulitis/skin/septic arthritis ☐
- Meningitis ☐
- Yes but source unclear ☐
- Other ☐

AND

Indicators of clinical concern

- Hypotensive Systolic ≤90mmHg ☐
- Altered mental state ☐
- Tachypnoea RR ≥25 per min ☐
- Lactate ≥2mmol/L ☐
- Non-blanching rash/Cyanotic ☐
- Other organ dysfuntion (AKI, Tachycardic etc.) ☐

AND/OR

Risk factors

- Recent chemotherapy (≤ 6 weeks) ☐
- Recent trauma/surgery (≤6 weeks) ☐
- Older (≥75 and/or frail) ☐
- Indwelling lines/catheters/IV drug users ☐
- Pregnant or recent pregnancy (≤6 weeks) ☐

If differential diagnosis clear at any time, please sign in GREEN 'NO' Section box above.

YES — This is time critical; start sepsis 6 immediately. Place sticker in medical notes and complete within 1 hour.

If patient on chemotherapy (≤6 weeks) then immediately commence sepsis six written underneath.

Complete ALL within one hour: Clock start hh:mm

News Score: ______

Diagnosis of sepsis

	Time	Initials	Or, reason not done
1. Oxygen – Aim to keep saturations 94-98% (88-92% if at risk of CO_2 retention)			
2. Blood (+other) cultures – At least 1 set of blood cultures. Also consider: **think source control** – CXR, urinalysis, LP, urine culture – call surgeon/radiologist? Take all sepsis bloods : FBC, U&Es, LFTs INR, CRP.			(insert blood culture sticker here)
3. IV antibiotics – According to Trust protocol. Remember if suspected Neutropenic Sepsis follow Trust microguides. Consider allergies prior to administration.			Already on antiibiotics ☐ Time last dose administered ______
4. IV fluids – 500ml stat if BP and lactate normal. If hypotensive or lactate ≥2mmol/L give up to 30ml/kg as per Trust protocol.			
5. Lactates and bloods – Complete arterial sample. If lactate ≥4mmol/L, consider referral to Critical Care and recheck lactate after 30 minutes to 1 hour.			Lactate level ______
6. Monitor urine output – Consider if urinary catheter required. Commence fluid balance chart + hourly urine measurements			Catheter inserted date: Time: Sign:

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- Observations minimum 1 hourly or continuous monitoring
- Urgent senior review (ST3+) within 1 hour of presentation
- If patient remains unwell after delivery of sepsis 6 or is clearly critically ill at any time, contact critical care outreach team (RSCH bleep 8495 07:30-20:00 PRH bleep 6331 24/7) and consider referral to ITU/HDU.