

BSUH Sepsis / severe sepsis screening tool

1. Suspicion of sepsis: assess for presence of 2 or more of the following signs:

- Altered mental state
- Respiratory rate > 20 breaths/min
- Heart rate >100 bpm
- Temperature, <36°C or >38°C
- WCC >12x10⁹/l or <4x10⁹/l

Yes

2. Is the patients history suggestive of new infection? For example (this is not an inclusive list)

- Cough, sputum, chest pain
- Recent chemotherapy - refer to neutropenic sepsis guidelines
- Abdo pain, distension, diarrhoea
- IV line infection
- Dysuria
- Headache with neck stiffness
- Endocarditis
- cellulitis, wound infection, septic arthritis

No

Continue monitoring

Yes – patient has sepsis

3. Commence Sepsis 6 (within one hour)

Look for organ dysfunction (Severe Sepsis)

- Oxygen (high flow – aim SpO₂ >94%)
- Blood cultures peripheral plus relevant bloods - FBC, U&E's, LFT's, Clotting, glucose
- IV antibiotics (according to BSUH policy prescribe "stat" dose)
- Fluid resuscitate if hypotensive (20ml/kg Hartmanns to maximum of 60mls/kg)
- Check Serum lactate / Hb
- Catheterise - commence fluid chart - hourly urine output

SBP <90 mmHg or MAP <65mmHg
 Urine output <0.5mls/kg/hr for 2 hrs
 (that are unresponsive to fluid resuscitation)
 New need for oxygen to maintain SpO₂ 90%
 MEWS >4
 Check venous bloods: FBC, U&E's, LFT's, Clotting
 Lactate >2 mmols/l
 INR >1.5 or APTT >60 secs
 Platelets <100 x 10⁹/l
 Bilirubin >34 umol/l
 Creatinine >177 umol/l
 WCC <1x10⁹/l - refer to neutropenic sepsis guidelines

- Continue to monitor patient – Hourly observations & MEWS
- Identify and remove source of infection e.g. infected line removal, surgical opinion as appropriate, drainage of abscess
- Senior medical review
- Consider referral to Critical Care Outreach team (Clinical Site Manager, out of hours)

If patient has any of the above patient has severe sepsis REFER to ICU team for further advice