

Suspected Sepsis

1	<p>Could this be sepsis?</p> <ul style="list-style-type: none"> NEWS ≥ 4 <p>AND/OR</p> <ul style="list-style-type: none"> Does the patient look sick?
2	<p>If yes:</p> <ul style="list-style-type: none"> Ensure full set of observations Complete sepsis screening tool Get senior review ST4+
3	<ul style="list-style-type: none"> Senior doctor review identifies presence of one or more red flag symptoms <p>OR</p> <ul style="list-style-type: none"> Suspect sepsis Complete sepsis 6 within one hour of diagnosis
4	<p>Senior doctor does not suspect sepsis</p> <ul style="list-style-type: none"> Confirm differential diagnosis Sign off/discontinue sepsis screening tool Document plan in patient notes
5	<p>Contact Critical Care Outreach Team (8495 RSCH / 6331 PRH) if:</p> <ul style="list-style-type: none"> Further clinical deterioration/critically unwell at any time No improvement post administration of treatment after 1 hour No reduction in lactate Consider referral to ITU/HDU

RED FLAGS

- Lactate ≥ 2 mmol/L
- Heart rate >130
- Altered mental state (V/P on AVPU)
- Systolic blood pressure <90 mmHg
- Respiratory Rate >25
- Oxygen required to maintain SpO₂ $>92\%$ (88% in COPD)
- Urine – not passed in 18 hours or <0.5 mL/kg/hour
- Non blanching rash, mottled, ashen, cyanosed
- Recent chemotherapy (<6 weeks)

Sepsis Six

- Oxygen
- Blood cultures
- IV antibiotics - Microguide
- IV fluids
- Lactate and bloods
- Urine output