Complete this form and apply if the National Early Warning Score (NEWS) is ≥ 4 (5 on supplementary O₂) and infection is suspected

HEALTHCARE PROFESSIONAL WHO CONTACTED THE DOCTOR TO COMPLETE THIS SECTION

Name of Doctor contacted: ___________________________  Healthcare Professional’s Name: ___________________________

Date: ___________________________  Time: ___________________________  MCRN/NMBI PIN: ___________________________

Patient label here

Doctor to review within 30 mins (use ISBAR). DOCTOR TO COMPLETE REMAINDER OF THIS DOCUMENT AS APPROPRIATE

Clinical Suspicion of INFECTION

☐ AND 2 or more Systemic Inflammatory Response Syndrome (SIRS) criteria

☐ Respiratory rate > 20 (bpm)  ❑ WCC < 4 or > 12 x 10⁹/L  ❑ Acutely altered mental status

☐ Heart rate > 90 (bpm)  ❑ Temperature <36 or >38.3 (ºC)  ❑ Bedside glucose >7.7mmol/L (in the absence of diabetes mellitus)

☐ OR  ☐ Unwell and at risk of Neutropenia*  ☐ OR  ☐ In at risk group for severe sepsis*

*Note: Some groups of patients, such as older people or immuno-compromised may not meet these SIRS criteria, even though infection is suspected and they are very unwell. When this occurs check lactate, blood pressure, organ dysfunction criteria and C-reactive protein (CRP) before out ruling sepsis.

☐ NO  Following a history and examination, and in the absence of clinical signs, sepsis is not diagnosed.

Doctor’s Name: ___________________________  Date: ___________________________  Time: ___________________________

☐ YES, THIS IS SEPSIS

Time Zero: ___________________________

Sepsis Six Regimen to be completed within 1 hour

Has a decision been documented NOT to escalate care?

☐ NO proceed  ☐ YES do not proceed

SEPSIS SIX – complete within 1 hour

☐ BLOOD CULTURES: Take blood cultures before giving antimicrobials (if no significant delay i.e. >45 minutes) and other cultures as per examination.

☐ BLOODS: Check point of care lactate & full blood count. Other tests and investigations as per history and examination. Consider source control.

☐ URINE OUTPUT: Assess urine output and consider urinary catheterisation for accurate measurement in severe sepsis/septic shock.

GIVE 3

☐ OXYGEN: Titrate O₂ to saturations of 94 -98% or 88-92% in chronic lung disease.

☐ FLUIDS: Start IV fluid resuscitation if evidence of hypovolaemia. 500ml bolus of isotonic crystalloid over 15mins & give up to 30ml/kg, reassessing for signs of hypovolaemia, normovolaemia, or fluid overload.

☐ ANTIMICROBIALS: Give IV antimicrobials according to the site of infection and following local antimicrobial guidelines.

Type: ___________________________  Dose: ___________________________  Time given: ___________________________

Look for signs of new organ dysfunction:

☐ Systolic BP < 90 or Mean Arterial Pressure (MAP) < 65

☐ or Systolic BP more than 40 below patient’s normal

☐ New need for oxygen to achieve saturation > 90%

☐ Lactate > 2 mmol/L (following administration of fluid bolus)

☐ Urine output < 0.5ml/kg for 2 hours – despite adequate fluid resuscitation

☐ Acutely altered mental status

☐ Glucose > 7.7 mmol/L (in the absence of diabetes)

☐ Creatinine > 177 micromol/L

☐ Bilirubin > 70 micromol/L

☐ INR > 1.5 or aPTT > 60s

☐ Platelets < 100 x 10⁹/L

Any new organ dysfunction due to infection: THIS IS SEVERE SEPSIS

Inform Registrar or Consultant immediately. Reassess frequently in 1st hour.

Consider other investigations and management +/- source control if patient does not respond to initial therapy as evidenced by haemodynamic stabilisation then improvement.

Look for signs of septic shock

(following administration of fluid bolus of up to 2L)

☐ Lactate > 4 mmol/L

☐ Hypotensive (Systolic BP < 90 or MAP < 65)

If either present: THIS IS SEPTIC SHOCK

Critical care consult required

☐ Consultant referral

☐ Consider transfer to a higher level of care

☐ Critical care consult requested

A critical care consult may be requested at any point during this assessment, but is required for patients with Septic Shock. In a hospital with no critical care unit, a critical care consult should be made and transfer to a higher level of care, if appropriate, following the consult.

Pathway Modification

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

File this document in patient notes - Document management plan.

Doctor’s Name: ___________________________  Doctor’s Signature: ___________________________

MCRN: ___________________________  Date: ___________________________  Time: ___________________________

Mochua Print & Design | www.mochuaprint.ie  | March 2016