

## SEPSIS SCREENING TOOL

**Apply if EWS IS 4 or more, or if infection is suspected**

DATE ___/___/20__	Admission Time _____ Time Zero _____	Name _____	Patient Details/Label _____
Initial Assessment by (name) _____		CHI _____	
Job Title _____		Ward: _____	

**SIRS CRITERIA (are 2 or more SIRS criteria present and infection suspected?)**

1. Respiratory Rate > 20	
2. Heart Rate > 90	
3. WCC < 4 or > 12	
4. Temperature <36 or >38.3	
<b>Is infection suspected?</b>	

Follow standard EWS protocol and re-apply screening tool if condition changes	← <b>NO</b>	<b>YES</b> → 2 of 4 SIRS + suspicion of infection. This patient has <b>SEPSIS</b> . Ensure Doctor/ANP present within 30 mins. and commence <b>Sepsis Six</b>
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Medical/ANP referral	Referring staff name	Time of call	Referred to:
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Is there a decision not to escalate care which excludes further treatment	NO	YES
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**Sepsis Six : Aim to complete within 1 hour of arrival in hospital (OR for inpatients within 1 hour of meeting SIRS criteria)**

	TIME	INITIAL	NOTE (including exemption details)
1. Oxygen titrated to achieve saturation >98% unless patient is known CO <sub>2</sub> retainer			
2. IV Fluids >500mls in 1 hour & reassessment			
3. Blood cultures			
4. Intravenous antibiotic as per local guideline			
5. Measure lactate with routine bloods			
6. Assess urine output & consider catheter			

**Look for any signs of organ dysfunction (lab tests must be requested as emergency and results must be available and acted on within the hour)**

**SIGNS OF ORGAN DYSFUNCTION**

Systolic BP < 90 or MAP < 65 or Systolic more than 40 below patient's normal		Glucose > 7.7 mmol/L (and patient is not diabetic)
New need for oxygen to achieve saturation >90		Creatinine >177 mmol/L
Lactate > 2 mmol/L		Bilirubin > 34 micromol/L
Urine output < 0.5ml/kg for 2 hours		INR >1.5 or aPTT >60s
Altered mental status		Platelets <100 x 10 <sup>9</sup> /L

**Any organ dysfunction : THIS IS SEVERE SEPSIS**

**Reassess frequently in 1<sup>st</sup> hour. Consider other investigations & management**

<b>Look for Septic Shock</b>	Lactate > 4	Hypotensive after 20ml/kg fluid (Systolic BP <90 or MAP <70)	
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**If either present: This is SEPTIC SHOCK**

Consultant referral		Escalate to higher level care(HDU/ICU)
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