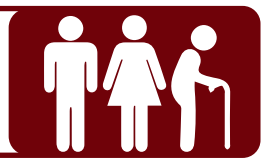
Combined Adult Sepsis Form

Start sepsis form if there is a suspicion of infection and screen is positive or exercising clinical judgement.

There are separate sepsis criteria for maternity patients and children



Section 1: Sepsis screen for Nursing Staff

Suspicion of infection ☐

AND

Patient presentation ☐ **1 or** ☐ **2 or** ☐ **3**

(see Section 3 and Think Sepsis Poster / Adult In-Patient Management Algorithm)

Emergency Dept:	**Ward:**
At triage – Screen positive Category 2 / Orange and commence Sepsis Form	NEWS ≥ 4 or Exercising clinical judgement – escalate to medical review within 30 mins. 1) Inform if screen positive 2) Start Sepsis Form

Addressograph here

Date: Triage Time: Triage Category:

Date: Time of NEWS: NEWS:

Signature: NMBI PIN:

Section 2: Sepsis diagnosis for Medical Staff

Document site of suspected infection after medical review

☐ Respiratory Tract ☐ Intra-abdominal ☐ Urinary Tract

☐ Skin ☐ Catheter/Device Related ☐ Intra-articular/Bone

☐ Central Nervous System ☐ Unknown

☐ Other suspected site:

☐ **No clinical suspicion of INFECTION**: terminate form and sign at bottom.

Section 3:

Who needs to get the "Sepsis 6" – infection plus any one of the following:

1. ☐ Patients who present unwell who are at risk of neutropenia, e.g. on anti-cancer treatment.

2. ☐ Clinically apparent new onset organ failure, any one of the following:

☐ Acutely altered mental state ☐ RR > 30 ☐ O_2 sat < 90% ☐ HR > 130

☐ Oligo or anuria ☐ Pallor/mottling with prolonged capillary refill ☐ SBP < 100

☐ Non-blanching rash ☐ Other organ dysfunction

3. ☐ Patients with co-morbidities plus ≥2 SIRS criteria

Modified SIRS criteria: Note - physiological changes should be sustained ≥30mins.

☐ Respiratory rate ≥ 20 breaths/min ☐ WCC < 4 or > 12 x 10^9/L ☐ Bedside glucose >7.7mmol/L *(in the absence of diabetes mellitus)*

☐ Heart rate > 90 beats/min ☐ Temperature <36 or >38.3°C

Co-morbidities associated with increased mortality in sepsis.

☐ COPD ☐ DM ☐ Chronic liver disease ☐ Cancer ☐ Chronic kidney disease

☐ Immunosuppressant medications ☐ Age ≥75 years ☐ Frailty ☐ HIV/AIDS

Section 4

☐ **If YES** after medical review to Section 2 **PLUS** 1,2 or 3 in Section 3.

Start SEPSIS 6 (Section 6)

Time Zero:

Section 5

☐ **If NO** to infection with a high-risk presentation (1, 2 or 3), tick NO and sign off. If uncomplicated infection, continue usual infection treatment as appropriate and review diagnosis if patient deteriorates.

☐ **Infection**

Antimicrobial given:

Has a decision been made to apply a relevant treatment limitation plan.

☐ Do not proceed with Sepsis pathway. Document limitations in clinical notes.

Doctor's Name: **Doctor's Signature:**

MCRN: **Date:** **Time:**

Continue overleaf

Combined Adult Sepsis Form

ALWAYS USE CLINICAL JUDGEMENT

Addressograph here

Treatment, Risk Stratification and Escalation

Section 6

TAKE 3 — **SEPSIS 6 - aim to complete *within 1 hour*** — **GIVE 3**

- ☐ **BLOOD CULTURES:** Take blood cultures prior to giving antimicrobials unless this leads to delay > 45minutes. Other cultures as indicated by history and examination.
- ☐ **BLOOD TESTS:** Point of care lactate (venous or arterial). FBC, U&E, LFTs +/- Coag. Other tests and investigations as indicated. Assess requirement for source control.
- ☐ **URINE OUTPUT:** Point of care urinalysis and assess urinary output as part of volume/perfusion status assessment. For patients with sepsis or septic shock start hourly urinary output measurement.
- ☐ **OXYGEN:** _____ **%.** Range 21% (R/A) to 100%. Titrate to saturations of 94-98%, 88-92% in chronic lung disease.
- ☐ **FLUIDS: Volume in 1st hour** _____ **mls.** Range 0 to 2000mls typically. Assess volume status, if hypovolaemic/ hypoperfused bolus with 500mls isotonic balanced salt solution over 15 minutes and reassess. Continue up to 30mls/kg unless fluid intolerant and review. The aim is to replace any fluid deficit.
- ☐ **ANTIMICROBIALS:** Give antimicrobials as per local antimicrobial guideline based on the site of infection, community or healthcare associated infection and the patients allergy status.

  Type: _____ Dose: _____ Time given: _____

Section 7:

Look for signs of new organ dysfunction – any one is sufficient:

- ☐ Lactate > 2 mmol/L (following adequate initial fluid resuscitation, typically 30mls/kg in the first hour unless fluid intolerant)
- ☐ Cardiovascular - Systolic BP < 90 or Mean Arterial Pressure (MAP) < 65 or Systolic BP more than 40 below patient's normal
- ☐ Respiratory - New need for oxygen to achieve saturation > 90% (note: this is a definition not the target)
- ☐ Renal - Creatinine > 170 micromol/L **or** Urine output < 500mls/24 hrs – despite adequate fluid resuscitation
- ☐ Liver - Bilirubin > 32 micromol/L
- ☐ Haematological - Platelets < 100 x 10^9/L
- ☐ Central Nervous System - Acutely altered mental status

One or more new organ dysfunction due to infection:

☐ **This is SEPSIS**: Seek senior input as per local guideline.

No new organ dysfunction due to infection:

☐ **This is NOT SEPSIS**: If infection is diagnosed proceed with usual treatment pathway for that infection.

Section 8: Look for signs of septic shock

(following adequate initial fluid resuscitation, typically 2 litres in the first hour unless fluid intolerant)

AND

- ☐ Requiring inotropes/pressors to maintain MAP ≥ 65

☐ **This is SEPTIC SHOCK**

- ☐ Inform consultant
- ☐ Contact CRITICAL CARE

Practical Guidance

Re-assess the patient's clinical response frequently. Re-assess and repeat lactate, if the first is abnormal, by 3hrs. Achieve MAP ≥65mmHg by 6hrs and/or have started pressors.

Achieve source control, if required, at the earliest opportunity. Use clinical judgement. If the patient is deteriorating, despite appropriate treatment, seek senior assistance and re-asssess antimicrobial therapy.

Pathway Modification

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

Section 9

Clinical Handover. Use ISBAR$_3$ Communication Tool

This section only applies when handover occurs before the form is completed and the form is then signed off by the receiving doctor.

Doctor's Name (PRINT): _____ Doctor's Signature: _____ **Doctor's Initials** _____ **MCRN** _____

Patient care handed over to: _____ Time: _____ Sections completed: _____

Form completed by

Doctor's Name: _____ **Doctor's Signature:** _____

MCRN: _____ **Date:** _____ **Time:** _____

File this document in the patient notes – other aspects of patient management should be documented on the continuation sheets.

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