

SEPSIS SIX PATHWAY

Using MEOWS chart or Clinical suspicion of infection...

Are any 2 of the following present?

- Temperature less than 36°C or more than 37.5°C on two occasions 60 minutes apart **OR** 38°C on one occasion
- Respiratory Rate more than 20/minute

YES

Consider:

Respiratory Tract, Endocarditis, Urinary Tract, Line Infection, Intra-abdominal, CNS, Joint Infection

Name of person completing form:

Signature:

Patient Details (Affix label here)

Name:

Date of Birth: DD/MM/YYYY

Hospital Number:

Sepsis

Investigate, treat and monitor closely. Restart assessment if patient later deteriorates

No

Severe Sepsis

(mortality rate ~35%)

Inform Consultant / Senior Doctor

Yes

Time Severe Sepsis identified:

Measure Lactate	Time taken:	Result:
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Systolic BP less than 90, or MAP less than 65, or Lactate greater than 2, or other evidence of organ dysfunction
(Creat greater than 177, Bili greater than 34, Plt less than 100, INR greater than 1.5, Urine output less than 0.5mL/kg/ hour, SpO₂ less than 90%)

Sepsis Six Steps – All to be completed WITHIN ONE HOUR			Time Done	Reason for delay
1	100% High Flow Oxygen	GIVE 15L/minute via facemask with reservoir bag unless oxygen restriction necessary (e.g. in chronic CO ₂ retention aim for an O ₂ level of 88-92%).		
2	IV Fluids (bolus)	GIVE a 500mL - 1000mL bolus of Hartmann's/ Plasma-Lyte. Larger bolus may be required e.g. if systolic BP less than 90 or lactate greater than 4, consider 1 500–2000ml.		
3	Blood Cultures	Take as per Trust guideline. Culture other sites as clinically indicated e.g. sputum, wound swabs, etc. (Take venous lactate at the same time)		
4	IV Antibiotics	Use trust antibiotic guidelines. Prescribe first dose on the front of the drug chart. Document target time ('to be given by') in drug chart and inform staff. Delay in administration increases mortality.		
5	Lactate & Bloods	Lactate on arterial or venous sample (Venous sample can be taken in grey bottle with cultures and sent to lab). Also request FBC, U&E, LFT, clotting (INR and APTT) and glucose if not yet done. <i>Consider blood transfusion if Hb less than 7 (or above this with comorbidities).</i>		
6	Monitor Urine Output	Consider a catheter. Monitor output hourly. Dip urine and send MSU/CSU. <i>Remember - Fluid Balance Chart & Catheter Chart</i>		

REPEAT REVIEW BY SENIOR DOCTOR
INFORM ANY RELEVANT SPECIALITY TEAMS e.g. Surgeons / Anaesthetics

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