

# Sepsis Form - Emergency Department Adult

ALWAYS USE CLINICAL JUDGEMENT

There are separate sepsis criteria for maternity patients and children



Complete this form and apply if a patient presents to the Emergency Department with symptoms and/or signs of infection.

## Section 1: Sepsis screen for Nursing Staff

Suspicion of infection ☐

AND

Patient presentation ☐ 1 ☐ 2 or ☐ 3  
(see Section 3 and "Think Sepsis" poster).

If both identified,  
triage as  
Category 2/Orange  
and commence  
Sepsis Form

Addressograph here

Date:  Triage Time:  Triage Category:

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:

- ☐ Patients who present unwell who are on treatment that puts them at risk of neutropenia, e.g. on anti-cancer treatment.
- ☐ Clinically apparent new onset organ failure, e.g. altered mental state, respiratory rate  $>30$ , hypoxia, heart rate  $\geq 130$ , hypotension, oligo or anuria, non-blanching rash, pallor/mottling with prolonged capillary refill.
- ☐ Patients with co-morbidities plus  $\geq 2$  SIRS criteria

**Modified SIRS criteria:** Note - physiological changes should be sustained  $\geq 30$  mins.

☐ Respiratory rate  $\geq 20$  breaths/min

☐ WCC  $< 4$  or  $> 12 \times 10^9/L$

☐ New onset confusion

☐ Heart rate  $> 90$  beats/min

☐ Temperature  $< 36$  or  $> 38.3^\circ C$

☐ Bedside glucose  $> 7.7 \text{ mmol/L}$   
(in the absence of diabetes mellitus)

**Co-morbidities** associated with increased mortality in sepsis.

☐ COPD

☐ DM

☐ Chronic liver disease

☐ Cancer

☐ Chronic kidney disease

☐ Immunosuppressant medications

☐ Age  $\geq 75$  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:

# Sepsis Form - ED Adult

ALWAYS USE CLINICAL JUDGEMENT

Version 2

## Treatment, Risk Stratification and Escalation

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Addressograph here

### 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.
- Doctor's Initials
- ☐ **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
- ☐ Glucose > 7.7 mmol/L (in the absence of diabetes)
- ☐ Haematological - Platelets < 100 x 10<sup>9</sup>/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.

Doctor's Initials

### 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

Doctor's Initials

### 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-assess 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<sub>3</sub> 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.