

Emergency Department Sepsis Screening and Action Tool

NAME: _____
 DOB: _____
 Hosp Number: _____

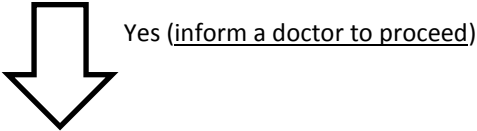
Date: _____

Chemotherapy within last 4 weeks? → Follow suspected neutropenic sepsis protocol

Step 1: Any 2 of the following present?

Temp >38.3 or <36	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RR > 20	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HR > 90	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acute confusion/reduced GCS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glucose > 7.7 (unless diabetic)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

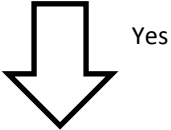
No → Sepsis NOT present
 Screening complete



Step 2: Could this be infection?

<input type="checkbox"/> Pneumonia	<input type="checkbox"/> UTI
<input type="checkbox"/> Abdominal infection	<input type="checkbox"/> Cellulitis
<input type="checkbox"/> Septic arthritis	<input type="checkbox"/> Wound infection
<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown

No → Sepsis NOT present
 Treat other possible pathology



Step 3: ANY red flags?

Systolic B.P <90 or MAP < 65	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lactate > 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HR >130	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RR > 25	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sats < 91%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Responds to voice or pain / unresponsive	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purpuric rash	Yes <input type="checkbox"/>	No <input type="checkbox"/>

No → Uncomplicated sepsis
 present now

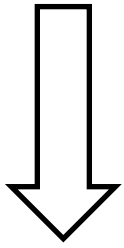


Step 4: Red flag sepsis actions (complete ASAP)

High-flow oxygen	<input type="checkbox"/>
Blood cultures time: _____:_____	<input type="checkbox"/>
IV ABX (see trust antibiotic policy)	<input type="checkbox"/>
IV fluids (Incremental crystalloids boluses)	<input type="checkbox"/>
VBG/ABG	<input type="checkbox"/>
Urine catheter and urine output monitoring	<input type="checkbox"/>
Priority one and inform doctor in charge	<input type="checkbox"/>

Uncomplicated sepsis action

Inform a doctor and treat to standard protocols	<input type="checkbox"/>
Hourly obs	<input type="checkbox"/>
FBC U+E LFTs CRP COAG cultures	<input type="checkbox"/>
Monitor urine output	<input type="checkbox"/>
Reassess for severe sepsis hourly*	<input type="checkbox"/>
Treat as red flag sepsis if any of:	<input type="checkbox"/>
* Plats<100 Creat>177 INR>1.5 Bil>34	



(Turn over for ongoing management)

Name of nurse carrying out assessment: _____
 Name of Dr Informed: _____
 Time of arrival: _____:_____
 Time of Abx administration: _____:_____

Sign: _____ Time: _____
 Sign: _____ Time: _____

Ongoing management for red flag sepsis / severe sepsis:

- Complete clinical assessment
- Move to the resuscitation area + continuous monitoring
- Involve senior ED doctor (middle grade or a consultant) and document action plan including appropriateness for escalation to HDU/ITU: Name of senior doctor involved: _____ Time _____
Patient for escalation Y/N document details in notes
- Is critical care referral required? (see criteria below)
- Documented observations every 15–30 mins including EDOD
- Continue fluid resuscitation as required (lactate > 2 or Sys BP <90) up to 30 mls/kg (crystalloids)
- Aim to achieve source control if cause of sepsis is amenable to drainage or removal
- Repeat VBG/ABG within 1 hour
- Perform CXR and urinalysis
- If lactate >2 on VBG → perform ABG to confirm lactate results
- Surgical referral if abdominal sepsis suspected
- Refer to appropriate admitting team
- Joint patient care by the ED and admitting team while in the ED

Consider critical care referral if any of the following present:

- Airway obstruction
- RR >30
- Sats < 95% on high flow oxygen
- PO₂ < 0 on high flow oxygen
- Worsening bilateral crepitations
- pH < 7.3
- BE lower than -8
- Lactate > 4 despite fluid resuscitation
- UO < 15 mls/hour despite fluid resuscitation
- Creatinine >300
- Persisted K>6 despite medical treatment
- GCS <13
- Seizures
- Worsening physiological parameters despite initial resuscitation (BP, HR, Sats, RR, pH/BE, lactate, UO, GCS)