



Date

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Adult Sepsis Screening Tool

1. NEWS Score... is NEWS Score ≥ 3

Y

N

OR, does the patient look sick or unwell

OR, are there any patient or relative concerns regarding patient's condition

Y

N

Y

N

If yes, to any of the above, complete the Sepsis screening tool

Check pre-hospital (WAST/GP) NEWS score for patients presenting to ED, or, Acute Admission area

Y

N

2. Could this be due to an infection?

Pneumonia

Urinary tract infection

Intra-abdominal/ biliary sepsis/pancreatitis

Cellulitis, joint, wound or device infection

Meningitis or other CNS infection

Infective Endocarditis

Unknown source / Other (specify:)

Y

Y

Y

Y

Y

Y

Y

No

Sepsis unlikely

(time)

Consider other diagnoses

Continue to monitor as per NEWS Cymru

Review if patient condition changes or NEWS increases

3. NEWS ≥ 6 or at least ONE of the following:

Respiratory rate ≥ 25 per minute

Needs oxygen to keep SpO₂ $\geq 94\%$ (88%-92% in COPD)

Heart rate > 130 per minute

Systolic BP ≤ 90 mmHg (or drop > 40 mmHg from normal)

NEW altered mental state

Non-blanching rash, mottled/ ashen/ cyanotic

Not passed urine in the last 18/hr or urine output <0.5 ml/kg/hr

Neutropenia or chemotherapy within the last 6 weeks

Lactate of ≥ 4 mmols

Y

Y

Y

Y

Y

Y

Y

Y

Y

No

4. NEWS 3-5 or at least ONE of the following:

Respiratory rate 21-24 per minute

Heart rate 91-130 per minute or new dysrhythmia

Systolic BP 91-100mm Hg

Not passed urine in last 12-18 hours

History of new onset altered mental state

Temperature $< 36^{\circ}\text{C}$ or $> 38.0^{\circ}\text{C}$

Trauma/ surgery/procedure in last 6 weeks

Clinical signs of wound, device or skin infection

If patient has AKI or lactate > 2 mmols/l

Y

Y

Y

Y

Y

Y

Y

Y

Y

Yes

Sepsis probable

(time sepsis probable identified)

This is a time critical condition

Inform senior clinical decision maker / outreach team / acute deteriorating team

Start Sepsis 6 now.

Administer antibiotics within 1 hour

Time:

Is source control required

Y

N

Sepsis possible

(time sepsis possible identified)

Inform senior clinical decision maker

Initial investigations / actions:

FBC, U&E's, LFT, Glucose, coagulation screen (if indicated), CRP, venous blood gas; blood culture, MC&S, PCR (see sample guide); Chest X-ray, wound swab (if indicated)

Review results

Begin at least 1 hourly observations

Make antimicrobial decision within 3 hours

Time:

Is source control required

Y

N

Investigations abnormal
Worsening NEWS score

Investigations normal
Improving/stable NEWS

Sepsis 6 Bundle			
Actions		Time	Sign
Ensure senior doctor incharge of the clinical area is informed			
1	Give oxygen to achieve target SpO ₂ of 94% (88-92% if COPD)		
2	Take blood cultures (before administering antibiotics)		
3	Give intravenous (IV) antibiotics in accordance with local antimicrobial guidelines		
4	Give fluid bolus (crystalloid at 20ml/kg or 10ml/kg of colloid) and review		
5	Take blood for lactate and Haemoglobin (Hb) (Target Hb ≥ 70 gm/dl)		
6	Start fluid balance chart / Urine output monitoring / consider catheterisation		
Is your patient sick enough to die in the next few hours or days. If YES, have you considered End of Life care?			

Reassess after Sepsis 6: Is any ONE of the below present?

Systolic BP <90 mmHg

Reduced level of consciousness

Respiratory rate >25 pm

Lactate not improved

If Yes, please refer to senior immediately +/- consider Critical Care (if appropriate) / Acute Deteriorating Team (in your hospital)

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Escalation



Swansea Bay University Health Board

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PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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