

# ADULT SEPSIS POLICY UPDATE 2024

| SEPSIS SCREENING TOOL ACUTE ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AGE 16+                                        |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
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| <b>PATIENT DETAILS:</b><br>NAME: _____<br>DESIGNATION: _____<br>SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DATE:</b> _____<br><b>TIME:</b> _____       |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
| <b>01 START THIS CHART IF SEPSIS IS SUSPECTED</b><br>Factors prompting screening for sepsis include: <table border="0"> <tr> <td><input type="checkbox"/> NEWS2 has triggered</td> <td><input type="checkbox"/> Patient looks unwell</td> </tr> <tr> <td><input type="checkbox"/> Carer or relative concern</td> <td><input type="checkbox"/> Evidence of organ dysfunction (e.g. lactate &gt;2mmol/l)</td> </tr> <tr> <td><input type="checkbox"/> Recent chemotherapy / risk of neutropenia</td> <td><input type="checkbox"/> Assessment gives clinical cause for concern</td> </tr> </table>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | <input type="checkbox"/> NEWS2 has triggered | <input type="checkbox"/> Patient looks unwell             | <input type="checkbox"/> Carer or relative concern           | <input type="checkbox"/> Evidence of organ dysfunction (e.g. lactate >2mmol/l) | <input type="checkbox"/> Recent chemotherapy / risk of neutropenia | <input type="checkbox"/> Assessment gives clinical cause for concern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
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| <b>YES CALL FY2+ TO COMPREHENSIVELY RISK ASSESS</b><br>Measure lactate and calculate NEWS2 using latest vital signs<br><small>Always interpret vital signs and NEWS2 in context of medical history, medications and response to treatment</small>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
| <b>02 IS NEWS2 7 OR ABOVE?</b><br><small>OR IS NEWS2 5 OR 6 AND ONE OF:</small> <table border="0"> <tr> <td><input type="checkbox"/> Any one NEWS2 parameter with score of 3</td> </tr> <tr> <td><input type="checkbox"/> Mottled or ashen skin</td> </tr> <tr> <td><input type="checkbox"/> Non-blanching rash</td> </tr> <tr> <td><input type="checkbox"/> Cyanosis of skin, lips or tongue</td> </tr> <tr> <td><input type="checkbox"/> Deterioration since last assessment</td> </tr> <tr> <td><input type="checkbox"/> Deterioration since recent intervention</td> </tr> <tr> <td><input type="checkbox"/> Lactate &gt; 2 mmol/L OR known AKI</td> </tr> </table> | <input type="checkbox"/> Any one NEWS2 parameter with score of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Mottled or ashen skin | <input type="checkbox"/> Non-blanching rash  | <input type="checkbox"/> Cyanosis of skin, lips or tongue | <input type="checkbox"/> Deterioration since last assessment | <input type="checkbox"/> Deterioration since recent intervention               | <input type="checkbox"/> Lactate > 2 mmol/L OR known AKI           | <b>NO 03 IS NEWS2 5 OR 6?</b><br><small>OR IS NEWS2 1-4 AND ONE OF:</small> <table border="0"> <tr> <td><input type="checkbox"/> Any one NEWS2 parameter with score of 3</td> </tr> <tr> <td><input type="checkbox"/> Mottled or ashen skin</td> </tr> <tr> <td><input type="checkbox"/> Non-blanching rash</td> </tr> <tr> <td><input type="checkbox"/> Cyanosis of skin, lips or tongue</td> </tr> <tr> <td><input type="checkbox"/> Deterioration since last assessment</td> </tr> <tr> <td><input type="checkbox"/> Deterioration since recent intervention</td> </tr> </table> | <input type="checkbox"/> Any one NEWS2 parameter with score of 3 | <input type="checkbox"/> Mottled or ashen skin | <input type="checkbox"/> Non-blanching rash | <input type="checkbox"/> Cyanosis of skin, lips or tongue | <input type="checkbox"/> Deterioration since last assessment | <input type="checkbox"/> Deterioration since recent intervention |
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| <input type="checkbox"/> Mottled or ashen skin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
| <input type="checkbox"/> Non-blanching rash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
| <input type="checkbox"/> Cyanosis of skin, lips or tongue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
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| <input type="checkbox"/> Lactate > 2 mmol/L OR known AKI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
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| <b>HIGH RISK</b><br><b>START SEPSIS SIX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MODERATE RISK</b><br>1. Send full set of bloods including VBG<br>2. Consider discussing with a senior decision-maker<br>3. If antimicrobials needed, ALWAYS give within 3h<br>I have prescribed antimicrobials <input type="checkbox"/><br>This patient does not require antimicrobials as:<br>- I don't think this patient has an infection <input type="checkbox"/><br>- Patient already on appropriate antimicrobials <input type="checkbox"/><br>- Escalation is not appropriate <input type="checkbox"/><br>- Other _____ <input type="checkbox"/><br>NAME: _____ GRADE: _____<br>DATE: _____ TIME: _____ |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |
| NO AMBER CRITERIA = FY2+ TO CONSIDER ANTIBIOTICS/ OTHER DIAGNOSIS<br>ALWAYS REASSESS IF PATIENT DETERIORATES OR SITUATION CHANGES<br>DOCUMENT RISK ASSESSMENT IN MEDICAL NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                              |                                                           |                                                              |                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                |                                             |                                                           |                                                              |                                                                  |

## SEPSIS POLICY LAUNCH – 14<sup>th</sup> January 2025

In line with NICE guidance MFT have updated the adult sepsis policy. There are changes to how we screen for sepsis and sepsis management. The full policy can be accessed by clicking [here](#).

The updated screening tool recognises patients with physiological changes and categorises them according to their identified risk group (see below).

If the patient has a raised EWS, you will be prompted to complete the sepsis screening tool on Hive. This can also be accessed on demand by selecting sepsis on the favourites drop down menu.

***January 2025 online drop in sessions.***

SCAN ME



**06/01/25 @ 1pm**

SCAN ME



**20/01/25 @ 1pm**

SCAN ME



**22/01/25 @ 9am**