

UCLH EMERGENCY DEPARTMENT SEPSIS ALGORITHM AND PATIENT RECORD

NAME _____ HOSPITAL NUMBER _____ DOB _____

Clinical criteria for the diagnosis of SEPSIS:

SIRS: (2 or more)

T >38 or <36°C HR>90bpm RR>20/min WBC>12 or <4

& Suspicion of infection

Respiratory Urinary Meningitis
 Skin & soft tissue Intra-abdominal Unknown source

Document diagnosis of SEPSIS in A&E notes

Record date & time- Date: Time Zero:

Refer to ED SpR urgently & complete management below within 1hour

- Complete clinical assessment
- Record GCS (include EVM breakdown)
- Check BM & establish IV access
- Perform ABG/VBG, FBC, G&S, U&E, CRP, LFT, Clotting
- Send blood & urine (& other) cultures
- Give IV antibiotics (according to UCLH guidelines)
- Re-check vital signs every 15 minutes
- Consider CXR
- Consider urinary catheter
- Consider consultation with ID /Micro /ITU

GCS E V M =
Lactate

Antibiotic & dose
Antibiotic & dose
Time

	Yes	No
Relevant travel history	<input type="checkbox"/>	<input type="checkbox"/>
Malaria film	<input type="checkbox"/>	<input type="checkbox"/>
Need for isolation	<input type="checkbox"/>	<input type="checkbox"/>

Are there any features of SEVERE SEPSIS

Systolic BP<90 mmHg pO₂<8 kPa Lactate >4 mmol/L
 Reduced GCS Oliguria (<30ml /hour)

NO

YES

**Refer to ID (or DMR) +/- PERT teams-
RE-ASSESS AT REGULAR
INTERVALS**

**START SEVERE SEPSIS PATHWAY
OVERLEAF**

IN SEVERE SEPSIS: (concurrent with referral)

	Tick	Time	Sign
Give oxygen (target SpO2 94-97%)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Move patient to Resus bay	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
STAT fluid bolus (250ml Hartmanns /colloid)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Continuous monitoring (HR /SpO2)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
15 minute RR & BP monitoring	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Insert urinary catheter (hourly fluid balance)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Refer to critical care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Consult ID	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Assess response after 30mins: Is there GLOBAL improvement?

NO

Is the patient in SEPTIC SHOCK?
(Hypotension resistant to fluid resuscitation)

YES

General appearance

HR

BP

pH

Lactate

BE

YES **Time:**

NO → **Admit to Critical Care level 2 bed**

Start SEPTIC SHOCK PATHWAY (0-6h)

If there is a delay Continue management & RE-ASSESS PATIENT REGULARLY

Above Treatment +	Tick	Time	Sign
Transfer to Critical Care level 3 bed	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Further fluid bolus (as indicated)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CVP line (Target CVP 8-12mmHg)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ScVO ₂ monitoring (aim >70%)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Arterial line (Target MAP between 65-90mmHg)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Repeat ABG/VBG	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Consider blood transfusion (Aim Hb >9 g/dL)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Any other considerations? Commentary:

Imaging

Surgical review

Vasopressor /inotropes

Mechanical ventilation

Chemotherapy /steroids /HIV

Co-morbidity

Hospital-acquired infection