

# Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Link to National Clinical Guidelines/Sepsis Form

Link to National Clinical Guidelines

Sepsis Management for Adults (including maternity) [National Clinical Guideline No. 26 \(2021\)](#)

## Adult Sepsis Form



# SEPSIS FORM - ADULT

For In-patient (IP) and Emergency Department (ED) use

Use Clinical Judgement



Where you see this symbol, there is supporting information on page 2



# SEP



This supp

**LIKELY INFECTION? SCREEN FOR SEPSIS** →

- INEWS  $\geq 4$  (or  $\geq 5$  on Oxygen)
- INEWS  $< 4$  or  $< 5$  if on Oxygen in immunocompromised or older person
- ED Sepsis Screen at Triage

→ **Check for 1, 2 or 3**

**1 Risk of Neutropenia** e.g. on chemotherapy/radiotherapy      **2 Clinical evidence of NEW ONSET organ dysfunction**      **3 Systemic Inflammatory Response ( $\geq 2$  SIRS) plus  $\geq 1$  Comorbidity**

**If there IS evidence of 1, 2 or 3:**

- IP Use INEWS Escalation and Response Protocol - escalate to medical review within 30 mins
- ED Triage Category 2

**Continue Sepsis Form and place with chart**

**If there is NO evidence of either 1, 2 or 3:**

- Follow usual management pathway
- IP Use INEWS Escalation and Response Protocol
- ED Triage Category 3 - Reassess if deteriorates

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**HCRN:** \_\_\_\_\_

Addressograph Label

**Date:** \_\_\_\_\_

**Time of INEWS/Triage:** \_\_\_\_\_

**INEWS:** \_\_\_\_\_ or **Triage Category:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**NMBI PIN/MCRN:** \_\_\_\_\_

**A) MEDICAL REVIEW**

**Site of Infection:** \_\_\_\_\_

If no clinical suspicion of infection, end form and sign at the bottom

**1. At risk of neutropenia**       **2. New onset organ dysfunction**       **3.  $\geq 2$  SIRS +  $\geq 1$  Comorbidity**

If infection is present and 1, 2 or 3 or clinical judgement are not applicable, end the form and sign. Continue usual treatment pathway but review diagnosis if patient deteriorates

Signature: \_\_\_\_\_ NMBI/MCRN: \_\_\_\_\_

Is there an end of life care plan in place where the sepsis 6 would not be appropriate?  **IF NO, proceed with Sepsis 6**

If yes,  do not proceed with sepsis pathway and document in clinical notes

**B) SEPSIS 6 BUNDLE**

**TAKE 3** Blood Cultures Time: \_\_\_\_\_

Blood Tests (incl. lactate) Time: \_\_\_\_\_

Urine Output Assessment Time: \_\_\_\_\_

**GIVE 3** IV Antimicrobials Time: \_\_\_\_\_

IV Fluids Time: \_\_\_\_\_

Oxygen given Time: \_\_\_\_\_

**TIME ZERO:** \_\_\_\_\_

1 hr to complete

**NOTES**

**C) MEDICAL REVIEW Post Sepsis 6 bundle administration**

Evidence of infection and new onset organ dysfunction (including at initial presentation) → This is **SEPSIS**: Seek senior input as per local guideline

Evidence of infection without any new onset organ dysfunction (including at initial presentation) → This is **NOT SEPSIS**: Proceed with usual treatment for specific infection

**Look for signs of Septic Shock**

Requires inotropes/pressors to maintain MAP  $\geq 65$  mmhg

**If yes, this is SEPTIC SHOCK**

Inform Consultant

Contact CRITICAL CARE

**D) Clinical Handover using ISBAR3**

This section only applies when handover occurs before the form is completed which is then signed off by receiving doctor

**Doctor's Name:** \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

MCRN: \_\_\_\_\_

Date: \_\_\_\_\_

Sections Completed

**A**

**B**

**Receiving Doctor's Name:** \_\_\_\_\_

**Form Completion** (including Section C)

**Doctor/Practitioner's Name:** \_\_\_\_\_

**Doctor/Practitioner's Signature:** \_\_\_\_\_

**MCRN/NMBI:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

2/9/2021 v4

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**Infection Sites**

- Respiratory Tract
- Skin

**Who needs to**

**Risk of Neutropo**

1 Patients at risk and radiothera

**Clinical evidenc**

2

- Acutely alter
- Oligo or anu
- Non-blanchi

**Systemic Inflan**

**SIRS** Note - phy

3

- Respiratory
- Heart Rate

**Co-morbidities**

- COPD
- Immunosup

**The Sepsis 6 tr**

**Blood Cultures**

Take blood cultures u prior to giving antim > 45 minutes. Other examination.

**Blood Tests**

Point of care lactate Renal Profile, Liver Pr Other tests and inves

**Urine Output**

Assess urinary output assessment. For pati balance charts. Cath may be required.

**Evidence of in**

- Lactate  $\geq 4$  mmol/L
- Cardiovascular - syst
- Respiratory - New ne
- Renal - Creatinine >
- Liver - Bilirubin > 32
- Haematological - Pla
- Central Nervous Sys

Any pathway modific Committee and align for Sepsis Manage