



CLINICAL GUIDELINE

Sepsis 6 Assessment & Treatment Tool, Emergency Department, Glasgow Royal Infirmary

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	No
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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Please affix patient label

Date of arrival _____/_____/_____

Time of sepsis recognition _____:_____

Time of assessment _____:_____

ED Doctor _____

Identification

SIRS

- Temp < 36 or > 38.3 °C
- HR > 90
- RR > 20
- AMT <4 (new)
- BM >7.7 (non diabetic)
- WCC < 4 or > 12
- Haematological malignancy / immunosuppression

SIRS 2+ and infection likely = SEPSIS

Assess organ dysfunction and complete Sepsis 6

If no evidence of infection then STOP form and treat as per hospital guidelines (note this does not apply to people on immunosuppression therapy)

Management

SEPSIS 6 - complete within 1 hour of recognition of sepsis

	Time	Initial		
O2 to achieve SpO2 94-98% (COPD 88-92%)	____:____		Source identified <input type="checkbox"/>	
Lactate	____:____			Detail _____
Blood cultures	____:____		Source unknown <input type="checkbox"/>	
IV fluids (eg. 20ml/kg over 60 mins)	____:____			• Consider CT imaging
Antibiotics as per GGC guideline	____:____			• Discuss with ED senior
Consider catheter (if <60ml/hr @2 hrs or severe sepsis)	____:____			

Review at 1 hour

Repeat assessment + VBG at 1hr following Sepsis 6

Time _____:_____

Lac:	BP:	HR:	SpO2:	RR:	BM:
Lactate < 2		Continue current management			
Lactate 2-4		ESCALATE CARE - Inform ED Senior			
Lactate > 4, sBP <90 or MAP <65		ESCALATE CARE Senior review ED/HDU/ICU Consider art line/vasopressors			

Any Organ Dysfunction = SEVERE SEPSIS

- MAP < 65 or SBP < 90
- Creatinine >177microml/L
- Lac > 2
- INR > 1.5
- Platelets < 100
- Bilirubin > 68microml/L
- New/ increased oxygen requirement
- Urine O/P < 0.5ml/kg/hr for 2hrs