NHS
University Hospitals Coventry and Warwickshire NHS Trust

Sepsis Pathways, Escalation and Communication





Drs Induction 2025

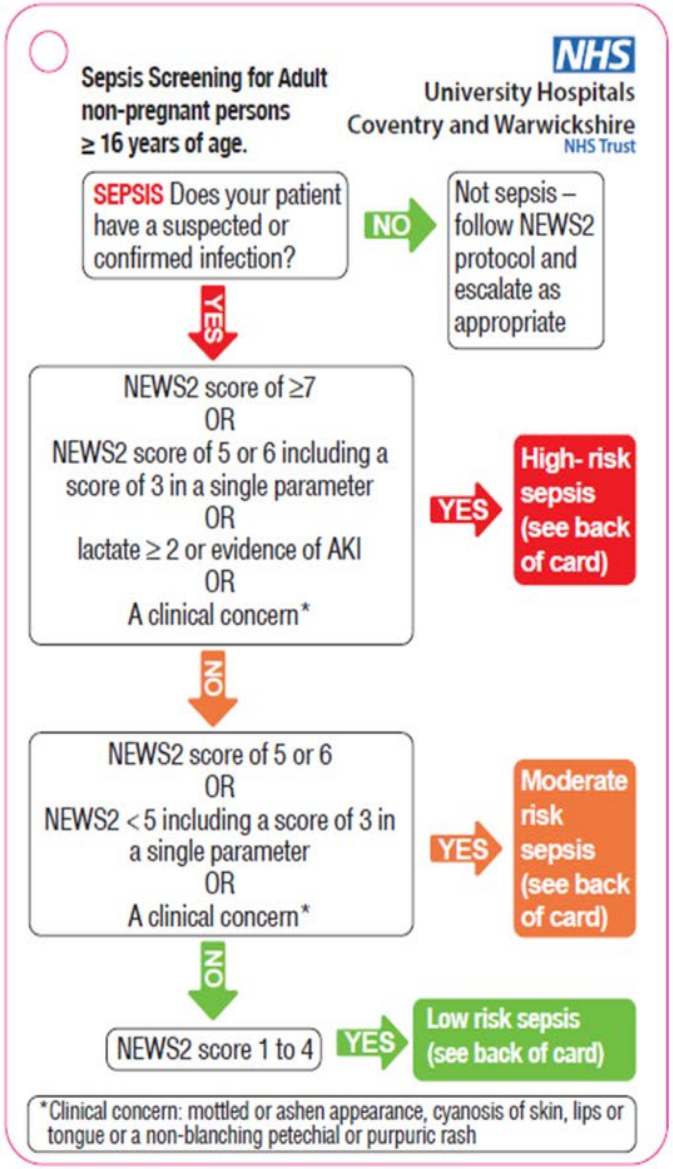
Version 6







New Sepsis Guidance to come



Sepsis 6		GIVE 3			TAKE 3		
		Intravenous antibiotics	Intravenous fluids	Oxygen	Urine output	Blood cultures	Take blood
High-risk sepsis	Complete 'sepsis 6' within 1 hour. Vital signs required every 30 minutes.	To be given within 1 hour.	For consideration where the lactate is greater than 2 or the systolic blood pressure is less than 90 mmHg	Supplemental oxygen should be considered to achieve target saturations of 94-98% or 88-92% for those at risk of hypercapnic respiratory failure.	Output must be monitored. Catheterisation is not always necessary - the need to catheterise should be assessed for each individual. Consider appropriate indications for urinary catheter. Please use HOUDINI criteria for insertion and use the catheter care pathway. Document on EPR.	At least two sets should be taken from two separate peripheral sites. If the person has an indwelling central catheter, cultures should be taken from each available lumen. Source Control. Other sources of infection should be considered.	Including a blood gas (arterial or venous) for lactate measurement, glucose, full blood count, C-reactive protein, urea and creatinine, liver function tests, clotting screen.
Moderate risk sepsis	Complete 'sepsis 6' within 1 hour. Vital signs required every hour.	Can be deferred for up to 3 hours. This is to identify infection source or an alternative source after the first NEWS 2 score suggests moderate risk.	If lactate < 2 or systolic blood pressure >90mmHg, fluids may be given if not contra-indicated and the clinician believes it will be beneficial to the patient.				
Low risk sepsis	Review patient within 1 hour. Identify source of infection.	Consider the need for antibiotics, can be deferred for up to 6 hours.	If indicated.				If indicated.

If the patient has been deemed as not sepsis – document on EPR

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Sepsis 6 care bundle

Give 3

- Oxygen
- Antibiotics
- Fluids

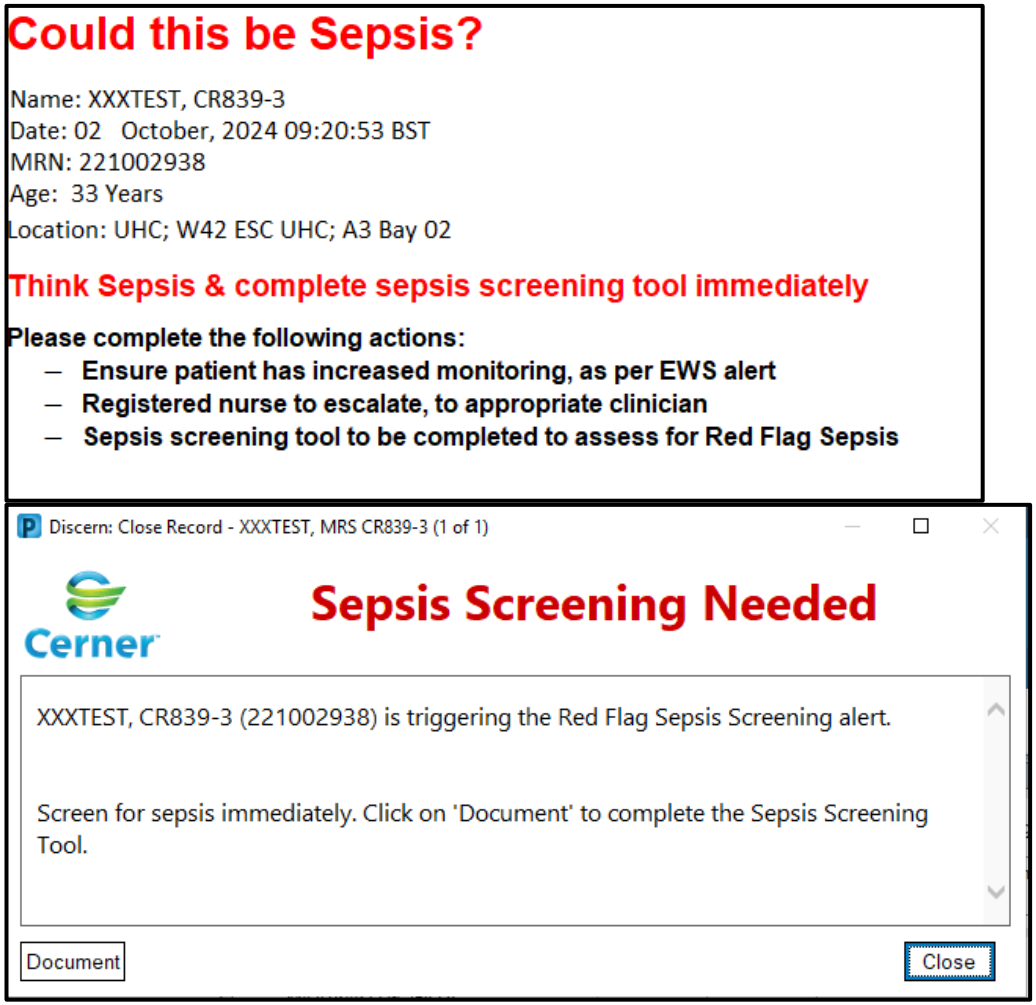
Take 3

- Blood cultures
- Lactate
- Urine output

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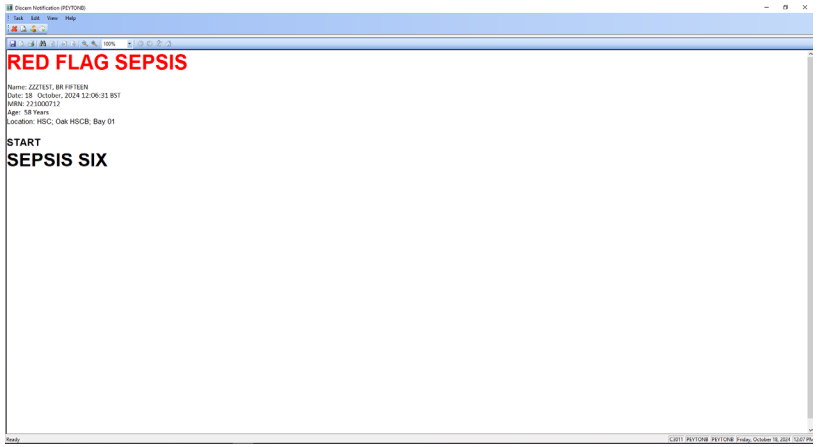
EPR and Sepsis Screening

Once observations indicating NEWS2 trigger have been inputted the below boxes shall pop up.

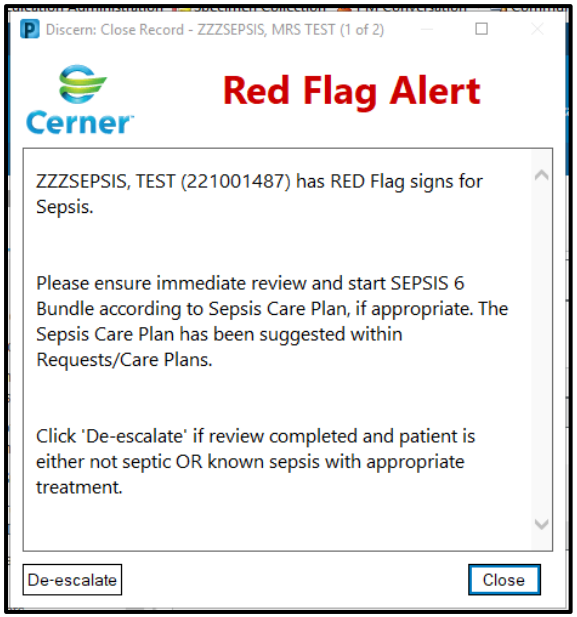


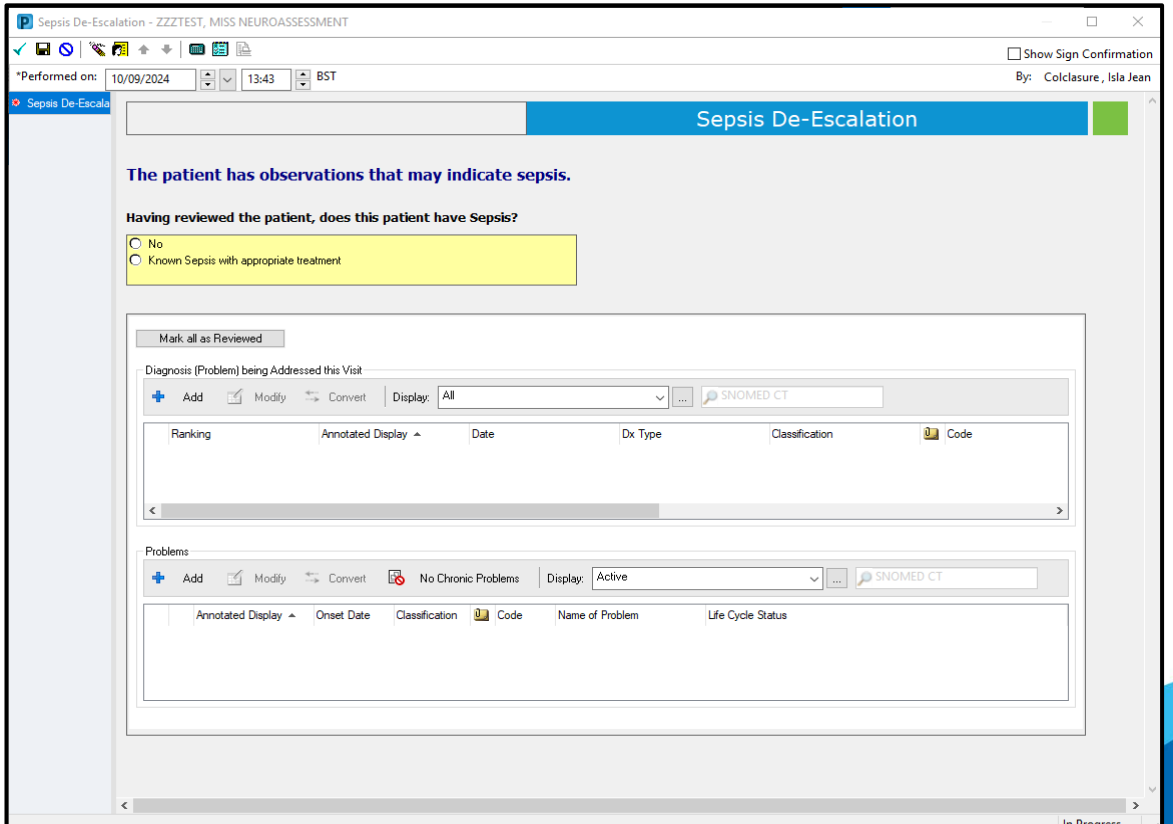
Select document and complete the relevant field.

EPR and Sepsis Screening



Once screening has been completed and red flag sepsis is triggered. Review the patient and prescribe the appropriate treatment.

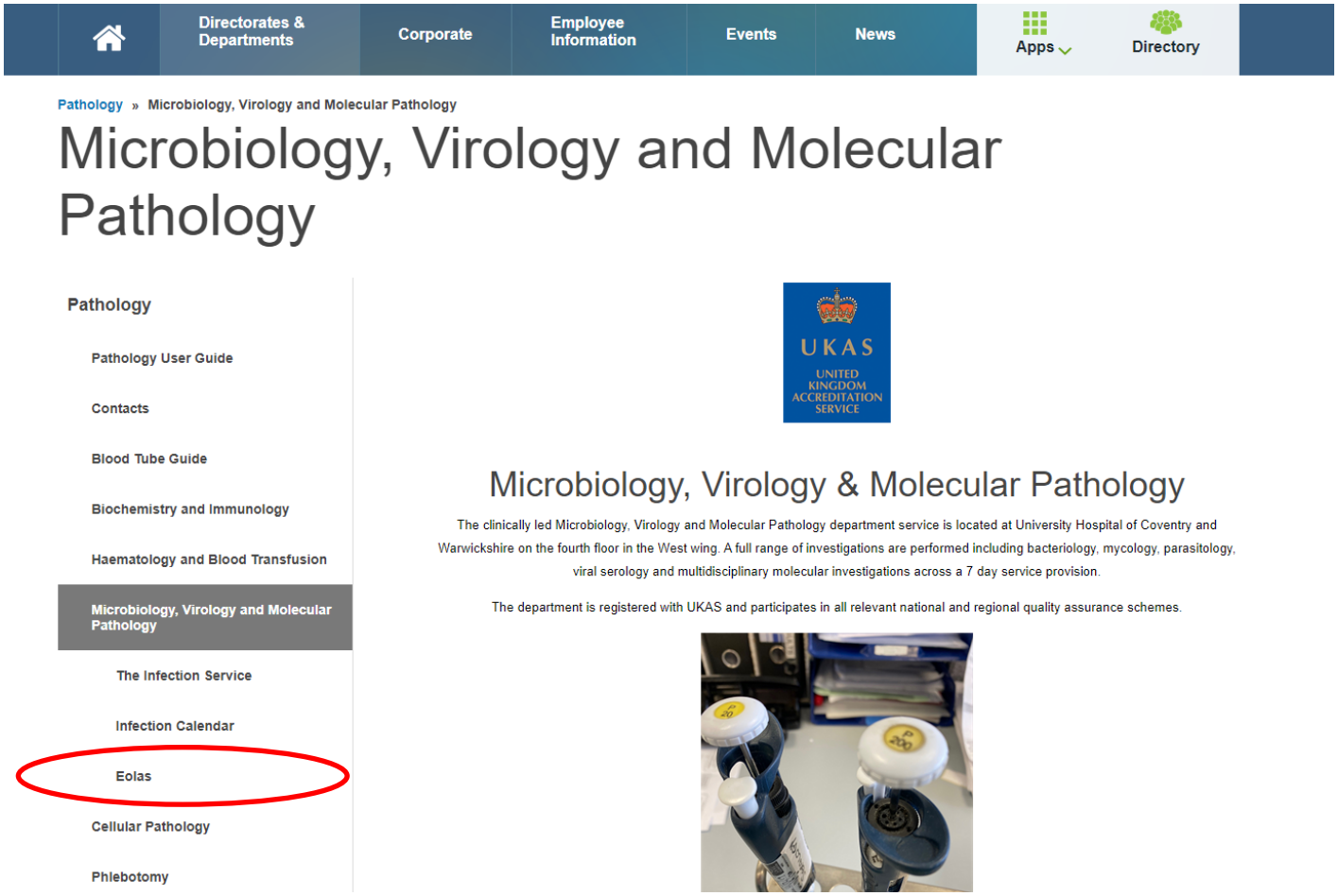




Select ‘De-escalate’ if the patient does not have sepsis select no, if has sepsis select ‘known sepsis with appropriate treatment’.

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Antibiotic prescribing – 'Eolas' on Intranet



"Start antibiotics appropriately, if you don't know the source - follow the sepsis of unknown origin guidelines. If you know the source – follow appropriate guidelines"

"As soon as clinical diagnosis of sepsis is made, antibiotics should be given"

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Septic Shock

Throughout the administration of the sepsis six, continue to assess your patient…

- Is the lactate responding to the fluid?
- Is the BP responding to the fluid?

If not, the patient is in septic shock….

This can be defined as persistent hypotension despite adequate fluid resuscitation (systolic <90mmhg or 40mmhg drop from baseline).

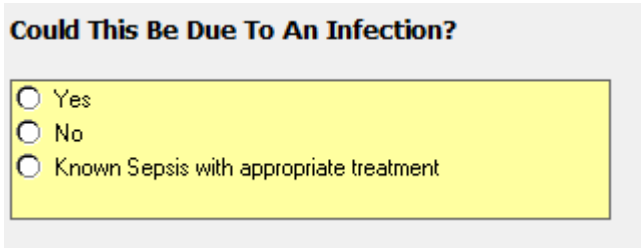
This is a medical emergency and requires immediate escalation to higher level care for vasopressors and inotropic support.

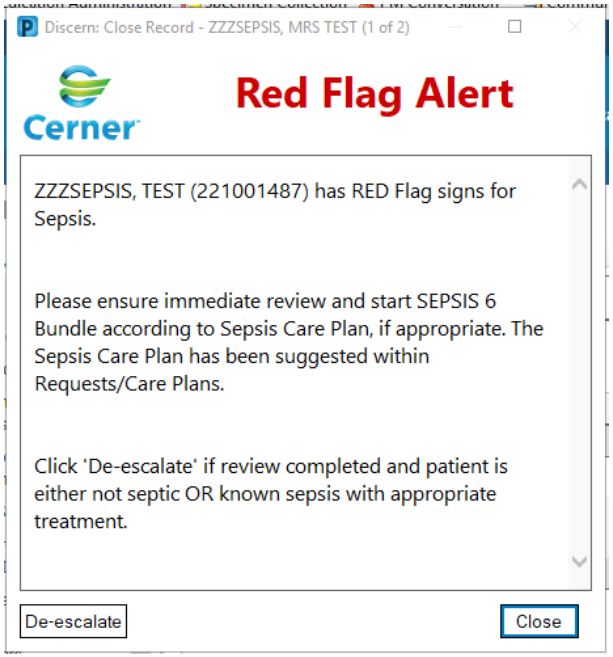
HELP EMERGENCY

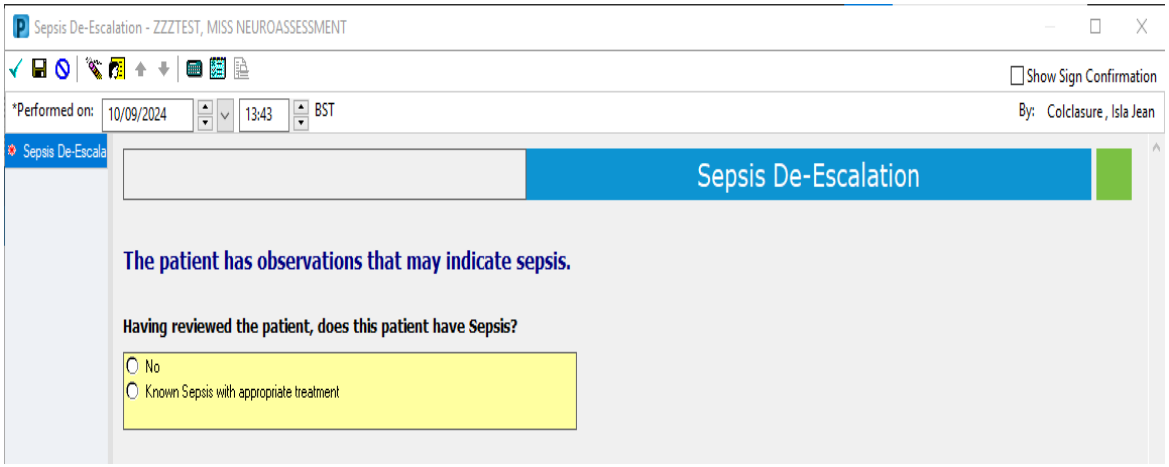
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What if this isn’t sepsis?

- Select De-escalate or known sepsis with appropriate treatment







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Time to stop or leave it a bit longer?

- Is treatment futile?
- Have you documented a ceiling of care?
- Will ‘sepsis treatment’ change anything?
- What is the best decision for the patient?
- **Make & document a plan**



Any questions?

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