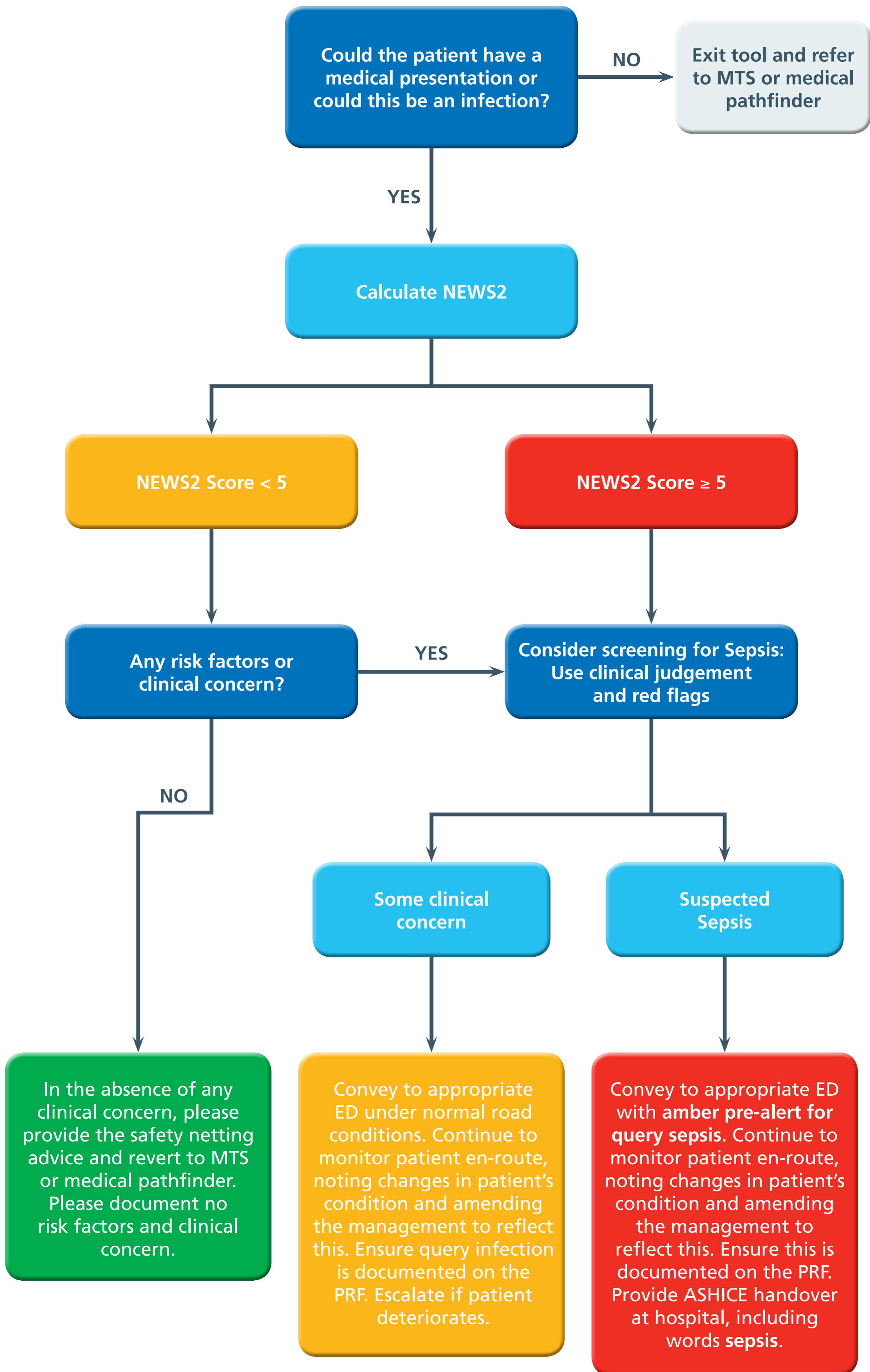


Adult Sepsis Screening Tool

Adult Sepsis Screening Tool - NEWS2

Deterioration in acutely unwell patients can happen quickly and have catastrophic effects so observations and NEWS2 must be recognised as a fundamental task.



Risk Factors (See Glossary of Terms)
<ul style="list-style-type: none"> • Age ≥ 75 • Chemotherapy <6 weeks • Peri-partum • Line/catheter in situ • Surgical procedure <6 weeks • IV drug user • Previous diagnosis of sepsis • Known to have antibiotic resistant bugs

Red Flags
<ul style="list-style-type: none"> • New confusion (according to relatives/carers) • Clinical concern from clinician or relatives/carers • Single NEWS2 parameter • HR> 130bpm • HR≤ 40 bpm • BP ≤ 90 systolic • RR> 25 • Requires oxygen to maintain saturations > 92% • Non-blanching rash, mottled, ashen or cyanotic • Inadequate urine output as judged by the clinician

Glossary of Terms

Age > 75	Over 75s are predisposed to sepsis due to co-existing co-morbidities, repeated and prolonged hospitalisations, reduced immunity, functional limitations. A lower threshold and a higher index of suspicion is required to diagnose sepsis in this patient population because the initial clinical picture may be ambiguous, and aging increases the risk of a sudden deterioration, mortality is the >75 year olds is high.
Chemotherapy < 6 weeks	People with cancer are particularly susceptible to developing sepsis. A study published in 2004 found that patients with cancer were much more likely to be hospitalised with sepsis than the general population. The study also found that severe sepsis caused 8.5 percent of cancer-related deaths. An immunocompromised state should warrant consideration of a high risk outcome and subsequent standby. An immunosuppressed state should be also considered with diabetes, post splenectomy and any patients treated with immunosuppressants.
Peri-Partum (within 6 weeks of delivery)	Between 2011 and 2013 infection or sepsis caused 12.7% of pregnancy-related deaths in the UK. Pregnancy-associated sepsis requires early detection, accurate diagnosis, and aggressive treatment. A recent study (2016) reported that "Sepsis is currently the leading cause of direct maternal death in the UK.
Line/catheter in situ	Any catheter/line in situ needs to be considered due to the simple fact they provide direct access for bacteria to enter the body. A higher index of suspicion with any indwelling line etc.
Surgical Procedure	Surgery is a procedure that affects your body in many ways aside from the actual reason for the operation. Any type of surgery exposes your body to infection and a fair number of complications, some of which could develop into sepsis. If recent assess the wound site for signs of inflammation.
IV Drug User	A high index of suspicion is required for this patient group due to non-aseptic injections and a generalised poor lifestyle.
Previous diagnosis of Sepsis	Sepsis is an independent predictor of recurrent infections, hospitalisation for infectious causes, and death in the post-septic period. A patient has a higher chance of becoming septic if they have previously had the same diagnosis.
Known to have resistant bugs	This patient group will have a higher mortality due to the antimicrobial resistance – aggressive treatment is advocated.

Safety Netting - This advice is for low risk patients only	
Seek advice if your patient is showing the following signs: <ul style="list-style-type: none"> • Slurred speech • Extremely painful muscles • Passing no urine in a day • Severe breathlessness • If the patient expresses 'I feel like I might die' • Skin mottled or discoloured • New confusion 	These are specific to Sepsis and only for patients with a suspected infection who are not conveyed . An AVS referral is advocated to discuss community-based treatment.