**Figure 1 – Sepsis management protocol**

**Ninewells Emergency Department Sepsis Protocol**

Possible septic focus

Triage calculation of clinical SIRS score

**Clinical SIRS (1 pt each)**
- Temp >38°C < 36°C
- HR > 90bpm
- Tachypnoea >20rpm

**SIRS (0)**
- Continue Standard ED assessment

**SIRS (1)**
- Triage Yellow
- Nurse on Trolley with full set obs. S/B stream 2 doctor
- Early ED Senior r/v
- Consider WCC + SIRS recalculation

**Inadequate response**
- BP – Sys ≤ 90, MAP ≤ 65
- Lactate ≥ 4

HDU notification (ICU if >1 organ dysfunction) –
- ? Immediate bed available.

- No
- Yes

**T/F HDU**

**CVL, Art Line, IDC**
- Initiate EGDT as per Tayside Sepsis Guideline

**SIRS (>1)**
- ED Senior involved
- FBC, UEC, Lactate*, ABG, BCs, G+H
- Monitoring – ECG, SaO2, BP (Sys + MAP)
- IV Antibiotics as per sepsis guidelines
- Consider 20ml/kg 0.9% NS bolus over 30 mins + UO monitor

* Grey tube, no ice required

**Adequate response**
- BP – Sys > 90, MAP >65
- Lactate < 4

Medical admissions Unit
- Med Reg aware
### Figure 2 – Sepsis sticker

**NHS Tayside Emergency Departments Sepsis Six Bundle**

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<tr>
<th>Name printed here</th>
<th>CHI</th>
<th>triage time</th>
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**Initial obs:**
- T 39.4°C
- HR 137
- BP 101/76
- RR 36
- SIRS 3
- SEWS

**Target time**
- Display triage time plus 59 mins

| 1. Oxygen (if req. to apply SpO2)  
| 2. IV saline  
| 3. Sepsis bloods as per ICE  
| 4. Blood cultures  
| 5. IV antibiotics (first dose)  
| 6. Fluid chart signed  
| 7. Move to resuscitation room  
| 8. Reviewed by senior doctor |

If this patient is septic, treatment should start before a definitive diagnosis is made.