

Name:  
Hospital Number:  
Ward:

**Severe Sepsis**  
Start the clock: Date / /  
\_\_\_\_:\_\_\_\_h

	Time	Initial	Reason not done
<b>A. Inform Nurse in Charge</b>			
<b>B. Discuss with Senior Dr or Consultant- use SBAR</b>			
<b>1. Oxygen:</b> High flow 15L/min via non rebreathe mask Target saturations > 94% (unless otherwise stated in medical notes)			
<b>2. Blood cultures:</b> Take at least one set plus all relevant blood tests, (Consider also sputum, urine, CSF, pus samples)			
<b>3. IV antibiotics:</b> As per Trust Guidelines Prescribe first dose as Stat dose			
<b>4. Fluid resuscitate:</b> If hypotensive give 250 mls sodium chloride 0.9% / colloid given over 10 minutes, assess response. Further fluid boluses up to 40 ml/kg. <small>NB. PGD trained nurses can give up to 500 mls in total</small>			
<b>5. Serum arterial lactate and Hb:</b> (ABG analyser: ED, ITU) Ensure Hb > 70g/l. Cross match if Hb < 70 g/l			
<b>6. Catheterise and commence fluid balance:</b> If fully mobile allow to self void but record balance			
<b>PLUS C. If organ dysfunction persists despite above interventions or lactate &gt;4, discuss with Critical Care holder Bleep 4716</b>			

One hour time check: all steps done? Yes ☐ No ☐

Name: \_\_\_\_\_ (print) \_\_\_\_\_ (sign)

Designation:

Bleep/Ext no: