

# LPT Management of Sepsis in Adults Policy

This policy sets out to advise staff in relation to best practice for the assessment and early identification of possible sepsis and the expected actions to be taken when red flag sepsis is suspected in both community and inpatient settings. Sharing supportive tools and processes

**Key words:** SEPSIS, Infection

**Version:** Version 1

**Approved by:**

**Ratified By:** DPRG; PSIG ; Safety Forum

**Date this version was ratified:** DPRG 18.12.24; PSIG 21.5.25; Safety Forum 16.7.2025

**Date issued for publication:** 20.8.25

**Review date:** 1 March 2028

**Expiry date:** 30 September 2028

**Type of policy:** Clinical

## Contents

SUMMARY & AIM.....	3
KEY REQUIREMENTS .....	3
TARGET AUDIENCE: .....	3
TRAINING .....	3
1.0 Quick look summary .....	4
1.1 Version control and summary of changes.....	4
1.2 Key individuals involved in developing and consulting on the document .....	4
1.3 Governance .....	5
1.4 Equality Statement.....	5
1.5 Due Regard .....	5
1.6 Definitions that apply to this policy .....	5
2.0 Purpose and Introduction .....	7
2.1 Introduction .....	7
3.0 Process .....	10
4.0 Process of management of Sepsis Boxes .....	10
5.0 Policy Requirements .....	11
6.0 Duties within the Organisation .....	11
7.0 Consent .....	13
8.0 Monitoring Compliance and Effectiveness .....	14
9.0 References and Bibliography .....	15
10.0 Fraud, Bribery and Corruption consideration .....	16
11. Appendices.....	16
Appendix 1:LPT Sepsis Screening and Action tool – Inpatient.....	18
Appendix 2: LPT Sepsis Screening and Action Tool – Community(soft signs) .....	20
Appendix 3: LPT Sepsis recognition and flowchart – Community (with vital signs) .....	22
.....	24
Appendix 4: Trust Sepsis Box Insert page (page above. reverse is DMH only).....	25
Appendix 5: Sepsis Box Process Flow charts: BMHU; MHSOP; CHS; FYPCLDA Community and Inpatients .....	26
Appendix 6: Training Needs Analysis.....	36
Appendix 7: The NHS Constitution.....	37
Appendix 8: Due Regard Screening Template .....	38

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## SUMMARY & AIM

This document provides guidance to staff on the recognition and treatment of ADULT patients (aged 18 and over and in an adult clinical environment inpatient and community) with sepsis and septic shock.

The purpose of this document is to describe the recommended practice for identification and management of sepsis in a timely manner.

## KEY REQUIREMENTS

Sepsis Pathways, Deteriorating Patient Policy

## TARGET AUDIENCE:

This guideline applies to all medical, registered nursing and allied health professional staff employed by LPT, including bank, agency, and locum staff.

## TRAINING

- Local training for process and awareness is available for all clinical staff on Ulearn.
- All clinical staff are to complete the electronic learning package available on ULearn (e-LfH) This is a one-off role essential module.
- All new doctors receive basic instruction on the sepsis screening tool at trust and local induction.
- Essential to role ILS' training & BLS Training includes care of the deteriorating patient (including sepsis) occurs annually for all nursing and medical staff. BLS for HCSW and Therapy staff.
- The communications team will support updates around sepsis screening and Sepsis and Septic Shock as directed by the DPRG – Sepsis workstream.
- Incidents related to Sepsis will be reviewed within the Trust DPRG and learning will be feedback to directorates.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

- Local training for process and awareness to be delivered to all staff by practice development teams- using agreed standardised training packages for each area.
- When a new policy is authorised, or when an existing policy is revised staff should take time to read and fully understand the policy and relevant documents, ensuring that they are able to implement the policy when required. If clarification is needed, then staff should approach their line manager who will decide if additional training is required and that the training is documented in their training record.

## 1.0 Quick look summary

This document provides guidance to staff on the recognition and treatment of ADULT patients (aged 18 and over and in an adult clinical environment inpatient and community) with sepsis and septic shock.

### 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	August 2025	New Policy

For Further Information Contact:

### 1.2 Key individuals involved in developing and consulting on the document

- Jacqueline Moore – DMH Physical Health Matron
- Karen Plowman – CHS ACP Virtual Wards
- Dr Rebecca Hall – DMH Medical Lead
- Sue Arnold – Patient Safety
- Rebecca Fowler –DHoN FYPC LDA
- Gemma Clarke – LDA Quality Team Lead
- Emily Jarvis - LDA
- Laura Browne – LDA Community Physical Health Lead
- DPRG Committee
- Simon Guild- DHoN MHSOP
- Lynn MacDiarmid – CHS Community Hospitals Advanced Nurse Practitioner

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

### 1.3 Governance

**Level 2 or 3 approving delivery group – Sepsis Working group; Trust Deteriorating Patient Resuscitation Group**

**Level 1 Committee to ratify policy – PSIG and Quality Forum**

### 1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

### 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 8) of this policy

### 1.6 Definitions that apply to this policy.

**Definitions as per NICE Sepsis Guidelines 2024:**

- Sepsis/ Septicaemia: Sepsis is a syndrome defined as life threatening organ disfunction due to a dysregulated host response to an infection. Septicaemia or sepsis is the clinical name for blood poisoning by bacteria. It is the body's most extreme response to an infection. Sepsis that progresses to septic shock has a death rate as high as 50%, depending on the type of organism involved.
- Septic shock: Septic shock is a subset of sepsis, which describes circulatory, cellular, and metabolic abnormalities that are associated with a greater risk of mortality than sepsis alone.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

- Red Flag Sepsis: Systolic B.P 91-100mmHg; Heart rate 91-130 or new dysrhythmia; Not passed urine in the last 12-18 hours; Temperature < 36 Celsius; Clinical signs of wound, device, or skin infection.

Perform rapid ABCDE assessment

### 3. At least one red flag present?

- Assessment **MUST** allow for patients usual chronic baseline
- Obstetric patients: use corresponding red MEOWS triggers

**A** ☐ Respiratory rate **25/min** or more

**B** ☐ New need >40% O<sub>2</sub> to keep saturations over **91%** (saturations > 87% in COPD)

☐ Systolic BP < 91mmHg or fall of 40 from normal

**C** ☐ HR >130/min

☐ No urine output for 16hrs or UO<10ml/hr

**D** ☐ New onset delirium

☐ Responds only to voice or pain/ unresponsive

**E** ☐ Non-blanching rash/ mottled/ ashen/ cyanotic

☐ Neutropenia or chemotherapy within last 6 weeks

- **Amber Flag Sepsis:** term used to describe the presence of any one or more Amber Flag criterion from the UK Sepsis Trust tools.
- **Sepsis 6 bundle:**
- **The National Early Warning Score (NEWS2)** is a system for scoring the physiological measurements that are recorded at the patient's bedside. It is an aggregate severity of illness score (0-20) for adults with points ascribed to increasing physiological abnormalities (respiratory rate, pulse oximetry-measured oxygen saturation, requirement for supplemental oxygen, systolic blood pressure, heart rate, level of consciousness, temperature). Its purpose is to recognise deterioration and identify acutely ill patients, including those with sepsis.

DPRG	Deteriorating Patient and Resuscitation Group
e-LfH	eLearning for Healthcare
LPT	Leicestershire Partnership Trust
BMHU	Bradgate Mental Health Unit
COHO	Community Hospitals (part of community health service directorate)

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

CHS	Community Health Services – directorate which includes COHO and all district nursing teams
FYPCLDA	Families & Young People, Childrens and Learning Disabilities & Autism Services (Directorate)
ILS	Immediate Life Support
BLS	Basic Life Support

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to make the particular decision.
- have received sufficient information to make it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

## 2.0 Purpose and Introduction

### 2.1 Introduction

This document provides guidance to staff on the recognition, diagnosis, and early management/treatment of ADULT patients (aged 18yrs and over and who are not pregnant in an adult clinical environment inpatient and community) with sepsis and septic shock.

Sepsis is a common, time dependent medical emergency that can affect a person of any age irrespective of underlying health and concurrent medical conditions. There are approximately 300 cases of sepsis per 100,000 of population per and a UK National Confidential Enquiry into Patient Outcome and Death - Just Say Sepsis! (NCEPOD, 2015) highlighted sepsis as being a leading cause of avoidable death that kills more people than breast, bowel and prostate cancer combined.

It is now estimated that given that there are at least 200,000 cases of sepsis every year, that sepsis costs the NHS between £1.5 and £2 billion each year, and our wider economy at least £11 billion and possibly as high as £15.6 billion. (The UK Sepsis Trust 2024)

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

Sepsis is often difficult to diagnose and although people with sepsis may have a history of infection, fever is not present in all cases. The signs and symptoms of sepsis can be very non-specific and can be missed if clinicians do not think **'could this be sepsis?'**. Simple interventions like the administration of antibiotics within 1 hour of diagnosis have been demonstrated to save lives and reduce hospital length of stay.

Some patients may be admitted or transferred from other healthcare providers to LPT care with pre-existing medical conditions that could increase their vulnerability to sepsis. These conditions include (The UK Sepsis Trust 2024):

- Patients over 75yrs of age or people who are very frail
- Patients who have impaired immune systems because of illness or drugs, including:
  - those having treatment for cancer with chemotherapy.
  - those who have impaired immune function (for example, people with diabetes, people
  - who have had a splenectomy, or people with sickle cell disease)
  - those taking long-term steroids.
  - those taking immunosuppressant drugs to treat non-malignant disorders such as rheumatoid arthritis.
- Patients who have had surgery, or other invasive procedures, in the past 6 weeks.
- people with any breach of skin integrity (for example, cuts, burns, blisters, or skin infections).
- Patients who misuse drugs intravenously.
- Patients with indwelling lines or catheters.

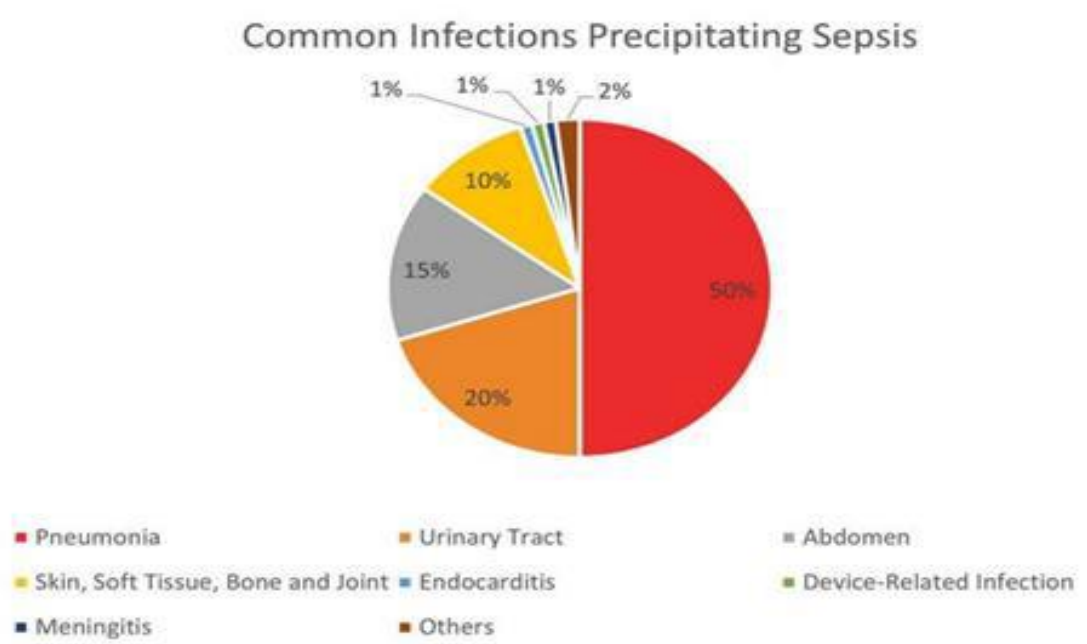
Although for us here at LPT it is rare to have a pregnant persons in our inpatient care or on the community caseload, we do also need to consider those who are pregnant or have given birth, or, had a termination of pregnancy or miscarriage in the past 6 weeks are also in a high-risk group for sepsis.

If there are people in our care that meet these criteria, the responsible clinician must seek specialist advice about monitoring (referrals can be made to maternity/ Obstetrics for management). The detection and assessment of possible red flag sepsis remain the same.

### **Common infections precipitating Sepsis:**

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*





Source: 2024 The UK Sepsis Trust The Sepsis Manual 7<sup>th</sup> Edition. United Kingdom Sepsis Trust

- The LPT Sepsis Screening and Action Tools (appendices 1-3) are to be used on all patients who have either: A new early warning score (EWS) of 3 in one parameter or scoring 5 or more; look unwell or if there is concern regarding an acute change in mental state. The tools are available on SystmOne (and Brigid for inpatient areas).
- The LPT Sepsis Screening and Action Tools provide details of the patient care, monitoring and interventions that are required to recognise and treat sepsis / red flag sepsis / septic shock and must be initiated as soon as a patient has clinical evidence of sepsis or the healthcare professional caring for the patient has concerns about their risk of developing sepsis.
- The LPT Sepsis Screening and Action Tools provide detailed interventions and timescales that must be adhered to, to improve mortality from sepsis. Calling 2222 or/and 9999 is an important action for patients suspected of having red flag sepsis.
- The screening tools are available to guide staff, however they do not override the clinical judgement and should alternate actions be taken this must be clearly documented within the patients record and a clear plan of care must be logged and communicated to staff with continued care responsibilities.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

- In the event of potential red flag sepsis clinical staff who have access to a sepsis box, are expected to use the Sepsis Box (insert for contents appendix 4) to manage the patient until the ambulance arrives (within their remit)

### 3.0 Process

- The LPT Sepsis Screening and Action Tools (appendices 1-3) are to be used on all patients who have either: A new early warning score (EWS) of 3 in one parameter or scoring 5 or more; look unwell or if there is concern regarding an acute change in mental state.
- The tools are available on SystmOne, Brigid inpatient systems (which link directly to SystmOne) and a hard copy can be obtained from this policy or directly from staff net for business continuity.
- The LPT Sepsis Screening and Action Tools provide details of the patient care, monitoring and interventions that are required to recognise and treat sepsis / red flag sepsis / septic shock and must be initiated as soon as a patient has clinical evidence of sepsis or the healthcare professional caring for the patient has concerns about their risk of developing sepsis.
- The LPT Sepsis Screening and Action Tools provide detailed interventions and timescales that must be adhered to, to improve mortality from sepsis. Calling the 2222 or/and 9999 is an important action for patients suspected to have red flag sepsis.
- In the event of potential red flag sepsis clinical staff who have access to a sepsis box, are expected to use the Sepsis Box (insert for box contents appendix 4) to manage the patient until the ambulance arrives.
- Community staff that have concerns regarding possible sepsis or red flag sepsis can access the Community Sepsis Screening tools (appendix 2 & 3). The tools are available to support clinical decision making for staff that can facilitate physiological vital signs (appendix 3) and those that can observe only – soft signs (appendix 2). The tools are used by staff within their own remit.
- Staff must be aware of the processes available for their specific area of work and refer to the processes in Appendix 5.

### 4.0 Process of management of Sepsis Boxes

- Boxes are NOT supplied or managed by pharmacy.
- Sepsis boxes will contain the meropenem & essential items for managing the sepsis 6 bundle – excluding lactate monitoring (see appendix 4 For sepsis box insert)

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

- Weekly checks of the sealed box and logging expiry dates (as part of the emergency trolley checking). Staff must request or replace items prior to their expiry date and log the actions taken.
- Following the use of the box staff must replenish all items:
  - requesting replacement antibiotic bundle from pharmacy.
  - using ward stock for all other items and
  - ensuring blood culture packs are replaced.
    - For DMH at BMHU/Bennion there is a small supply held in the physical health team's office & these can also be obtained from GGH pathology lab using the order form
- Actions to refill the box must be completed as soon after the event as possible, by the team using the box prior to returning them to the ward/area that it is stored.

For DMH BMHU and Bennion: If there are any issues with replenishing the box staff can contact the CDM for advice and/or contact the physical health team. **It remains the wards responsibility to refill the box.**

## 5.0 Policy Requirements

Details of the principles and core standards to be used in the development and management of policies.

## 6.0 Duties within the Organisation

### Policy Author

- Jacqueline Moore – DMH Physical Health Matron
- Karen Plowman – CHS ACP Virtual Wards
- Dr Rebecca Hall – DMH Medical Lead
- Sue Arnold – Patient Safety

### Lead Director

Chief Executive, Medical and Nursing & AHP Directors are responsible for ensuring the safe and effective delivery of services; this includes securing and directing resources to support the implementation of this policy.

### Directors, Heads of Service

Directors, Heads of Service are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation and monitoring of this policy.

Ensuring that all staff are aware of their responsibility to adhere to the policy.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

Ensure appropriate resources are in place to facilitate adherence to the policy.

### **Senior Managers, Matrons and Team Leads**

Senior Managers, Matrons and Ward Managers/ Team Leaders will ensure that all staff carry out patient observations using the appropriate scoring NEWS2 and SBAR tools, and that adequate staff training is undertaken within their area including compliance with resuscitation and sepsis training.

Ensuring the clinical staff, they are responsible for are aware of and apply this policy into clinical practice.

### **Responsibility of Clinical Staff**

All staff members must ensure that they understand the relevant NEWS2 and SBAR and the implications of their use and are up to date with their mandatory resuscitation and early warning scoring and sepsis training specific to their roles and skill set.

All staff must ensure that they follow the NEWS2 guidance, triggers, and have access the Sepsis pathways to support appropriate escalation and action. They are responsible for documenting this in the patient's record. Specific to their area of work and remit.

- It is the responsibility of the attending clinical team (nursing and medical) to initiate the Adult Sepsis Screening and Immediate Action Tool and document all care (Appendix 1-3)
- Consider and act on the signs and symptoms of sepsis/red flag sepsis, be able to distinguish between the two and to escalate care quickly for emergency support.
- Consider the use of Sepsis box in the event of potential red flag sepsis if available in the incident.
- Instigate early supportive management using the Resuscitation Council UK (2021) Guidelines and treatment of Sepsis pathway Appendix 3.
- Staff must always work within their clinical competence and role expectation and in line with training provided by LPT.
- Carry / have access to the sepsis pathways and associated equipment when considering if someone could have suspected sepsis appropriate to the role and environment in which they work.
- Report incidents of all suspected Sepsis in accordance with the LPT Incident Reporting
- For areas that hold a Sepsis Box- staff must ensure they ensure the box is replenished.

See Appendix 5 for all processes for LPT areas that this Policy refers to.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## 7.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## 8.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
Training	Monthly	Sepsis training compliance reports from Ulearn	Sepsis training compliance reports must be reviewed at directorate service level and submitted to DPRG.	DPRG
6	A minimum of quarterly reports to DPRG	Each directorate will facilitate their own NEWS2/Sepsis Audits for compliance with the escalation and use of the Sepsis Pathways using an agreed audit tool/AMAT for all areas that have as per the monitoring compliance and effectiveness requirements outlined in section 5 of the Deteriorating Patient Policy	DPRG	
6		Audit tools can be used by team leads/charge nurses and matrons to provide a deep dive for	Team leads/charge nurses and matrons	

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
		specific incidents were suspected sepsis was considered.		
Sepsis Boxes	Daily	Sepsis box checks with Resus trolley checks	Charge Nurses/Matrons	

## 9.0 References and Bibliography

- LPT Deteriorating Patient Policy (2024)
- Sepsis and Septic Shock (Includes UHL and Kettering Sepsis Pathway) UHL Guideline Latest version approved by the Policy and Guideline Committee  
Sepsis and Septic Shock (Includes UHL and Kettering Sepsis Pathway) UHL Guideline Trust ref: B11/2014. (n.d.). Available at: [https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Sepsis%20and%20Septic%20Shock%20\(Includes%20UHL%20and%20Kettering%20Sepsis%20Pathway\)%20UHL%20Guideline.pdf](https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Sepsis%20and%20Septic%20Shock%20(Includes%20UHL%20and%20Kettering%20Sepsis%20Pathway)%20UHL%20Guideline.pdf).
- NICE (2024). Suspected sepsis: recognition, diagnosis and early management NICE Guideline NG51
- Just Say Sepsis! A review of the process of care received by patients with sepsis Improving the quality of healthcare. (n.d.). Available at: [https://www.ncepod.org.uk/2015report2/downloads/JustSaySepsis\\_FullReport.pdf](https://www.ncepod.org.uk/2015report2/downloads/JustSaySepsis_FullReport.pdf).
- The UK Sepsis Trust (2024). *THE SEPSIS MANUAL*. [online] Available at: <https://sepsistrust.org/wp-content/uploads/2024/07/Sepsis-Manual-7th-Edition-2024-V1.0.pdf>.

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

- Society of Critical Care Medicine (2021). *Surviving sepsis campaign guidelines 2021*. [online] Society of Critical Care Medicine (SCCM). Available at: <https://www.sccm.org/Clinical-Resources/Guidelines/Guidelines/Surviving-Sepsis-Guidelines-2021>.

## 10.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

## 11. Appendices

No.	Title	Page Number/s
Appendix 1	LPT Sepsis Screening and Action Tool – Inpatient	17-18
Appendix 2	LPT Sepsis Screening and Action Tool – Community (without observations)	19-20
Appendix 3	LPT Sepsis Screening and Action Tool – Community (with observations)	21-22
Appendix 4	Trust Sepsis Box Insert (including the DMH Reverse)	23-24
Appendix 5	Sepsis Process Flow charts: community and inpatients/rehab BMHU; MHSOP; FYPC LDA; CHS inpatients and Community Hospitals	25-32
	The above documents can also be located on the Trust intranet - staffnet	
Appendix 6	Training needs analysis	33
Appendix 7	The NHS Constitution	34

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*



Appendix 8	Due Regard Screening Template	35-36
Appendix 9	Data Privacy Impact Assessment Screening	37-38

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

# Appendix 1:LPT Sepsis Screening and Action tool – Inpatient

## In-Patient Sepsis Screening and Flow Chart

Complete and file in medical record

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hospital Number: \_\_\_\_\_

Affix Hospital Label if available

Better Together services provided by:

Leicestershire Partnership NHS Trust

**1. At least one of the following present?**

☐ Early Warning Score 5 or more **OR**

☐ Patient looks unwell **OR**

☐ Concern regarding acute change in mental state

Y

**2. Is the clinical picture suggestive of an infection?**

If there is a high probability of a non-infective explanation for clinical features (eg AMI, PE, liver failure, pancreatitis or stroke) then manage as low risk of sepsis

☐ Chest

☐ Urinary Tract

☐ Cellulitis, necrotizing fasciitis

☐ Abdominal

☐ Bone or joint

☐ Meningitis

☐ Device related (eg catheter, line)

☐ Other, state: \_\_\_\_\_

☐ Yes, but source unclear

Y

Perform rapid ABCDE assessment

**3. At least one red flag present?**

• Assessment **MUST** allow for patients usual chronic baseline

• Obstetric patients: use corresponding red MEOWS triggers

**A** ☐ Respiratory rate 25/min or more

**B** ☐ New need for >40% O<sub>2</sub> to keep saturations over 91% (saturations > 87% in COPD)

☐ Systolic BP < 91mmHg or fall of 40 from normal

**C** ☐ HR >130/min

☐ No urine output for 16hrs or UO<10ml/hr

**D** ☐ New onset delirium

☐ Responds only to voice or pain / unresponsive

**E** ☐ Non-blanching rash/ mottled / ashen / cyanotic

☐ Neutropenia or chemotherapy within last 6 weeks

**Low Risk of Sepsis**

Consider other diagnoses.  
Review if patient deteriorates.

**Moderate Risk of SEPSIS**

**Sepsis likely / Present**

Inform clinician / ANP / OOH's / treating Dr.

- Consider Sepsis Six interventions (see overleaf)
- Begin at least hourly observations.
- Act on early warning score triggers
- Send appropriate microbiological samples (including blood culture)
- Send blood samples for FBC, CRP, U&E, LFT coagulation, blood gas (venous or arterial) Glucose, ensure results are reviewed.
- Source specific antimicrobial prescribing based on local policy (e.g., 4hr CAP bundle)

**HIGH Risk of SEPSIS**

**Red Flag Sepsis**

**This is a time critical condition, immediate action is required!**

**Start Sepsis 6 bundle NOW** (see overleaf)

☐ Inform most senior clinician on site

☐ In hours : discuss with Consultant or Geriatrician on call, urgently

☐ Out of hours : call 999 if ceiling of care has not been agreed

Delivery of Sepsis Six by junior staff must not be delayed. This process can be de-escalated as agreed in joint discussion with consultant or the responsible clinician:

☐ Patient is End of Life

☐ Patient low suspicion of infection

☐ Red Flag due to chronic disease

SURNAME & GRADE
SIGNATURE
DATE & TIME

**Low Risk of Sepsis**

Consider other diagnoses.  
Review if patient deteriorates.

**Moderate Risk of SEPSIS**

**Sepsis likely / Present**

Inform clinician / ANP / OOH's / treating Dr.

- Consider Sepsis Six interventions (see overleaf)
- Begin at least hourly observations.
- Act on early warning score triggers
- Send appropriate microbiological samples (including blood culture)
- Send blood samples for FBC, CRP, U&E, LFT coagulation, blood gas (venous or arterial) Glucose, ensure results are reviewed.
- Source specific antimicrobial prescribing based on local policy (e.g., 4hr CAP bundle)

**HIGH Risk of SEPSIS**

**Red Flag Sepsis**

**This is a time critical condition, immediate action is required!**

**Start Sepsis 6 bundle NOW** (see overleaf)

☐ Inform most senior clinician on site

☐ In hours : discuss with Consultant or Geriatrician on call, urgently

☐ Out of hours : call 999 if ceiling of care has not been agreed

Delivery of Sepsis Six by junior staff must not be delayed. This process can be de-escalated as agreed in joint discussion with consultant or the responsible clinician:

☐ Patient is End of Life

☐ Patient low suspicion of infection

☐ Red Flag due to chronic disease

SURNAME & GRADE
SIGNATURE
DATE & TIME

PRINT NAME: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

NR: Paper copies of this document may not be most recent version.  
The definitive version will be held on Leicester Partnership Trust Esource  
Leicester Partnership Sepsis Pathway adopted from Sepsis UK Trust [www.sepsisuk.org](http://www.sepsisuk.org)

In-Patient LPT106b V2 May 2024 review Jan 2025

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

# Sepsis Six Bundle

**Complete in one hour.**

Actions should be carried out simultaneously.

Use sepsis box / pack to support delivery of sepsis six



THE UK  
SEPSIS  
TRUST

## Supporting Resources



**Sepsis**  
Frequently Asked Questions



**How to:**  
Take a blood culture  
Draw up meropenem  
Use a sepsis box

1	<b>Administer supplementary oxygen (if required)</b> <ul style="list-style-type: none"> <li>Aim to keep saturations &gt; 94%</li> <li>COPD: Adjust target saturations to 88-92%</li> </ul>	Time Started	Name	Reason not administered
2	<b>Blood Culture &amp; Source Management</b> <ul style="list-style-type: none"> <li>Take blood cultures (before IV antibiotic)</li> <li>Think source confirmation and control</li> <li>Consider also sputum, urine, CSF, line culture/removal</li> <li>involve appropriate surgical team / radiologist as indicated</li> <li>For Community Acquired Pneumonia start 4 hr CAP Bundle</li> </ul>	Time Taken	Name	Reason not taken
3	<b>Give IV antibiotics</b> <b>PRESCRIBE STAT (TIMED). GIVE YOURSELF OR MAKE SURE SOMEONE DOES</b> <ul style="list-style-type: none"> <li>Red Flag Sepsis: Meropenem IV 1g stat (+/- second dose at 8hrs) and review at first inpatient consultant assessment (microbiology advice may be needed at this stage)</li> <li>Sepsis: According to local antimicrobial policy</li> </ul>	Time Given	Name	Reason for departure from prescribing guidance
4	<b>Give a fluid challenge</b> Check and monitor response If SBP <90mmHg or Lactate >2 <ul style="list-style-type: none"> <li>Give 500mls 0.9% NaCl over 15 mins, repeat once if necessary</li> <li>Senior resident clinician review to exclude other causes of shock before giving up to 30ml/kg</li> </ul> If SBP >90mmHg and Lactate <2 consider IV fluids	Time Given	Name	Reason not given
5	<b>Measure lactate (Not appropriate for LPT)</b> <ul style="list-style-type: none"> <li>Obtain blood gas - venous or arterial</li> <li>If lactate &gt;4mmol/L refer to critical care</li> <li>Ensure samples are sent for FBC, CRP, U+E, LFT, coag screen</li> <li>Repeat lactate after fluid challenge</li> </ul> <b>LPT Action</b> <ul style="list-style-type: none"> <li>Ensure samples are sent for FBC, CRP, UE, LFT, Coag screen</li> </ul>	Time Taken	Name	Reason not done
6	<b>Measure urine output</b> <ul style="list-style-type: none"> <li>Ensure hourly fluid balance chart commenced</li> <li>Consider catheter if AKI / SBP &lt;90 / Lactate &gt;2</li> <li>Monitor Vital Signs at 15-30mins intervals until EWS below 3</li> </ul>	Time Started	Name	Reason not started

NB: Paper copies of this document may not be most recent version.  
 The definitive version will be held on Leicester Partnership Trust eSource  
 Leicester Partnership Sepsis Pathway adopted from Sepsis UK Trust [www.sepsisuk.org](http://www.sepsisuk.org)

In-Patient  
 LPT106b Dec 2024 DPRG

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.



## Appendix 2: LPT Sepsis Screening and Action Tool – Community(soft signs)



Leicestershire Partnership  
NHS Trust

### Sepsis Screening and Action Tool (Community)

This form is to be used by ALL staff as an initial sepsis screening tool.  
The Sepsis Recognition and Flowchart (Community and Outpatients) should be used by all clinicians with the necessary skill set.

**1. Are you worried your patient is sick?**  
e.g.  
High or low temperature to central touch ☐ Tick  
Sudden deterioration ☐  
Unusually drowsy, confused or delirious ☐  
Carer concern about mental state and behaviour ☐

**2. Are there any new infections?**  
e.g.  
Yes, patient has a fever, feels very cold ☐ Tick  
Chesty cough / breathing sounds rattly ☐  
Frequency, painful to pass urine ☐  
Abdomen very painful or swollen ☐  
Skin, joints or wounds swollen, red or pus visible ☐  
Peripheral lines / catheter painful ☐

**3. Is **ONE** Red Flag present?**  
e.g.  
Patient much more confused than normal ☐ Tick  
Patient has collapsed or can't wake patient ☐  
Unable to feel a pulse at the wrist ☐  
Breathing very fast (more than one breath every two seconds) ☐  
Has blue lips ☐  
Has new red or purple rash all over, or mottled Skin ☐  
Hasn't passed urine in last 18 hours ☐  
Recent chemotherapy (within last 6 weeks) ☐

**4. Is there cause for concerns?**  
e.g.  
Relatives worried about mental state/behaviour ☐ Tick  
Patient not able to do what they normally can ☐  
Patient takes steroid tablets (e.g. prednisolone) ☐  
Has had injury or been in hospital in last 6 weeks ☐  
Breathing harder work than normal ☐  
Hasn't passed urine in last 12 – 18 hours ☐  
Feels very cold to the touch ☐  
Skin, joints or wounds swollen, red or pus visible ☐

**Low risk of sepsis. Consider other diagnosis. Review routinely if condition changes**

**At risk of sepsis**

1. Inform co-ordinator/GP/111 using SBAR
2. Clearly state that the person might have sepsis
3. Ensure the same day medical assessment by appropriate clinician as per local policy
4. May require hospital referral or assessment by GP (follow usual protocol)

**RED Flag Sepsis!** This is a time critical condition, immediate action is required.

1. If appropriate \* dial 999, state patient has 'Red Flag Sepsis'. Complete SBAR overleaf
2. Inform next of kin
3. Get an up-to-date list of patient's medication and allergies to give to ambulance crew

\*Consider individuals advanced plan

Sepsis Six and Red Flag Sepsis are copyright to and intellectual property of the UK Sepsis Trust, registered charity no. 1158843. [sepsistrust.org](http://sepsistrust.org)

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*



THE UK  
SEPSIS  
TRUST



Leicestershire Partnership  
NHS Trust

Time of call to 9999:	
Call reference number:	
Time crew arrived:	
Location patient transferred to:	

### Brief Outline of Patients History

**S**

#### Situation:

I am (name), a nurse on ward (X)  
I am calling about (patient X)  
I am calling because I am concerned about XX  
(e.g. BP is low/high, pulse is XX, temperature is XX.  
Early Warning Score is XX)

**B**

#### Background:

Patient (X) was admitted on (XX date) with (e.g. MI/Chest infection)  
They have had (X operation / procedure / investigation)  
Patient (X)'s condition has changed in the last (XX mins)  
Their last set of Obs. Were (XX)  
Patient (X)'s normal condition is ....  
(e.g. alert / drowsy / confused / pain free)

**A**

#### Assessment:

I think the problem is (XXX)  
And I have ..... (e.g. given O2 / analgesia / stopped the infusion)  
OR  
I am not sure what the problem is but Patient (X) is deteriorating  
OR  
I don't know what's wrong but I am really worried

**R**

#### Recommendation:

I need you to ....  
Come and see the patient in the next (XX) mins  
AND  
Is there anything I need to do in the meantime? (e.g. stop the fluid / repeat the Obs.)

### Ask receiver to repeat key information to ensure understanding

The SBAR Tool originated from the US Navy and was adapted for use in healthcare by Dr. M. Leonard and colleagues from Kaiser Permanente, Colorado, USA

### Brief Outline of Patients Current Condition

Print name:	Title:	Date:	Time

NB: Paper copies of this document may not be most recent version.  
The definitive version will be held on Leicester Partnership Trust eSource  
Leicester Partnership Sepsis Pathway adopted from Sepsis UK Trust [www.sepsisuk.org](http://www.sepsisuk.org)

Community  
LPT105C Feb 2018

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## Appendix 3: LPT Sepsis recognition and flowchart – Community (with vital signs)

**Sepsis Recognition and Flowchart**  
Community and Outpatient Settings

**NHS**  
Leicestershire Partnership  
NHS Trust

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Hospital Number: \_\_\_\_\_  
Hospital Site: \_\_\_\_\_  
Ward: \_\_\_\_\_

This form must accompany the patient if transferred to an acute area

**Complete and place in patient notes**

**1. At least one of the following present?**

☐ NEWS2 Score 5 or more or 3 in one parameter (if applicable)  
☐ Patient looks unwell  
☐ Concern regarding a change in mental state

**2. Is the clinical picture suggestive of an infection?**

If there is a high probability of a non-infective explanation for clinical features (eg AMI, PE, pancreatitis or stroke) then manage as low risk of sepsis

☐ Chest  
☐ Urinary Tract  
☐ Cellulitis, necrotizing fasciitis  
☐ Abdominal  
☐ Bone or joint  
☐ Meningitis  
☐ Device related (eg catheter, line)  
☐ Other, state: \_\_\_\_\_  
☐ Yes, but source unclear

**3. At least one red flag present?**

Assessment MUST allow for chronic disease such as respiratory, renal or CNS.

**A** ☐ Respiratory rate **25/min** or more  
**B** ☐ New need for 2Ls O<sub>2</sub> to keep saturations over **91%** (87% in COPD)  
**C** ☐ Systolic BP < **91mmHg** or fall of 40 from normal  
**C** ☐ HR >130/min  
**D** ☐ No urine output for 16hrs or UO <10ml/hr  
**D** ☐ New onset delirium  
**D** ☐ Responds only to voice or pain/ unresponsive  
**E** ☐ Non-blanching rash/ mottled/ ashen/ cyanotic  
**E** ☐ Neutropenia or chemotherapy within last 6 weeks

**Low Risk of Sepsis**

- If concerned consider other diagnoses
- Transfer as required
- If sending home give Safety Netting advice, see below

**Give Safety Netting Advice**

- If condition fails to improve or gradually worsens, see GP or call (9) 111
- If Patient deteriorates rapidly call (9) 999

**Moderate Risk of SEPSIS**

**Sepsis likely, consider the following**

- Relatives concerned about mental status
- Acute deterioration in functional ability
- Immunosuppressed (if patient is under 18 treat as Red Flag Sepsis)
- Trauma/Surgery/Procedure in last 6 weeks
- Respiratory Rate 21-24 or breathing hard
- Systolic BP 91-100mmHg (not normal for patient)
- Heart Rate 91-130 or NEW arrhythmia
- Not passed urine in last 12-18 hours
- Temperature <36°C
- Clinical Signs of wound, skin, device infection
- Inform Clinician / ANP / OOH's / treating Dr

**HIGH Risk of SEPSIS**

**Red Flag Sepsis**  
This is a time critical condition, immediate action is required!  
**Dial (9)999**

- Arrange Blue light transfer stating Red Flag Sepsis
- Administer oxygen to maintain sats >94% (88% in COPD)
- If trained to do so, give 250ml boluses of sodium chloride max 250mls if normotensive. Max 1000mls if hypotensive
- Write a brief hand over - see overleaf

Delivery of Sepsis Six by junior staff must not be delayed. This process can be de-escalated as agreed in joint discussion with consultant or the responsible clinician:

☐ Patient is End of Life  
☐ Patient low suspicion of infection  
☐ Red Flag due to chronic disease

**STOP**

PRINT NAME: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NB: Paper copies of this document may not be most recent version.  
The definitive version will be held on Leicestershire Partnership Trust eSource  
Leicester Partnership Sepsis Pathway adopted from Sepsis UK Trust [www.sepsisuk.org](http://www.sepsisuk.org)

Community  
LPT106C Dec 2024 DPRG

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.



Time of call to 9999: \_\_\_\_\_  
 Call reference number: \_\_\_\_\_  
 Time crew arrived: \_\_\_\_\_  
 Location patient transferred to: \_\_\_\_\_



EWS OBSERVATIONS		Date: <div></div>		Repeat every 15 minutes						
	Obs.	Time	Obs.	Time	Obs.	Time	Obs.	Time	Obs.	Time
RR										
SpO <sub>2</sub>										
BP										
HR										
UO										
AVPU										
EWSTotal										

#### Brief Outline of Patients History

**S Situation:**  
 I am calling because I am concerned that ...  
 I am [name], a nurse on ward (X)  
 I am calling about (patient X)  
 (e.g. BP is low /high, pulse is XX, temperature is XX,  
 Early Warning Score is XX)

**B Background:**  
 Patient (X) was admitted on (XX date) with  
 (e.g. MI/Chest infection)  
 They have had (X operation /procedure /investigation)  
 Patient (X)'s condition has changed in the last (XX mins)  
 Their last set of obs. were (XX)  
 Patient (X)'s normal condition is ... (e.g.  
 alert /conscious /confused, pain free)

**A Assessment:**  
 I think the problem is (XXX)  
 And I have ...  
 (e.g. given O<sub>2</sub> /analgesia, stopped the infusion)  
 OR  
 I am not sure what the problem is but patient (X) is deteriorating  
 OR  
 I don't know what's wrong but I am really worried

**R Recommendation:**  
 I need you to ...  
 Come to see the patient in the next (XX mins)  
 AND  
 Is there anything I need to do in the meantime?  
 (e.g. stop the fluid /repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR Tool originated from the US Navy and was adapted for use in healthcare by:  
 Dr. M. Leonard and colleagues from Kaiser Permanente, Colorado, USA

#### Brief Outline of Patients Current Condition

Print name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NB: Paper copies of this document may not be most recent version.  
 The definitive version will be held on Leicestershire Partnership Trust eSource  
 Leicestershire Partnership Sepsis Pathway adopted from Sepsis UK Trust [www.sepsisuk.org](http://www.sepsisuk.org)


Community  
 LPT106C Dec 2024 DPRG

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## SEPSIS BOX

Contents of Box	Sepsis 6
<b>Blood Culture Pack</b>	<b>1. Give Ig - ow oxygen</b> <ul style="list-style-type: none"> <li>these patients are exempt from BTS 02 Guidelines</li> <li>may not be needed if SpO2 &gt;98%</li> </ul> Seek expert help if severe COPD or used for >4h
1L 0.9% Saline	
IVI giving set	<b>2. Take blood cultures (before IV antibiotic)</b> <ul style="list-style-type: none"> <li><i>Unless already taken today</i></li> <li>Consider also sputum, urine, CSF, line culture/removal</li> <li>Consider imaging for source, contrast-enhanced CT abdomen</li> <li>For Community Acquired Pneumonia, start UHL 4hr CAP Bundle</li> </ul>
x 1 Cannula pack (pink)	
Dressing pack	<b>3. Give IV antibiotics (allergy history?)</b> <ul style="list-style-type: none"> <li><i>Don't just prescribe: give yourself or make sure someone does</i></li> </ul> Sepsis: According to UHL antimicrobial policy Severe Sepsis: consider meropenem IV 1g stat. (BMHU send to A&E) A second 1g dose of meropenem to be given at an appropriate interval depending on renal functions (see dose chart). The reafter meropenem will require an authorisation code. Such patients must be discussed with a microbiologist during the working day (including Saturday and Sunday mornings) to review clinical findings.
x 2 20 ml syringes	
x 2 Green needles	
X2 10ml Water for injection	
x 2 Sterile Swab	<b>4. Give a fluid challenge</b> <ul style="list-style-type: none"> <li>And check/monitor response, consider repeat dose</li> </ul> Sepsis: At least 500ml/0.9% Saline Severe Sepsis with SBP <90 : Stat 20ml/kg 0.9ml% saline
Blood bottles & needle (red, brown, green)	
2 X 10ml 0.9% Normal Saline	<b>5. Measure Urine Output</b> Sepsis: Start fluid balance chart, T&T at 30 minute intervals Severe Sepsis : Consider catheter, start fluid balance, T&T/NEWS at 15 minute intervals until T&T below 4 /NEWS 5
<b>Octopus connectors x1</b>	
<b>Antibiotic Bundle x1</b>	



  
 Leicestershire Partnership  
 NHS Trust

Meropenem 1g - For SEVERE SEPSIS Administration Only (Adults)									
<b>Presentation</b>	Vials containing meropenem, 1g powder for reconstitution (as trihydrate)								
<b>Contraindications</b>	Anaphylactic reaction to penicillin contact Microbiology <ul style="list-style-type: none"> <li>Hypersensitivity to the active substance or to any of the excipients</li> <li>Hypersensitivity to any other carbapenem antibacterial agent.</li> <li>Severe hypersensitivity (e.g. anaphylactic reaction, severe skin reaction) to any other type of betalactam antibacterial agent (e.g. penicillins or cephalosporins)</li> <li>The concomitant use of meropenem and valproic acid/sodium valproate is not recommended. As it may cause the valproic acid concentrations to drop below the therapeutic range, increasing the risk of breakthrough seizures</li> </ul>								
<b>Dose</b>	1g given initially. A second 1g dose to be given at 8 hours (normal renal function). Further doses of meropenem require microbiology authorisation (see box 3 opposite). IV Injection: Give by slow IV Injection over 5 minutes  <b>Renal Failure</b> <table border="1"> <thead> <tr> <th>GFR (ml/min)</th><th>Dose</th></tr> </thead> <tbody> <tr> <td>26-50</td><td>Sepsis Ig every 12 hours, or normal dose every 12 hours (usually max Ig every 12 hours, 2g every 12 hours may be used in severe infection such as meningitis)</td></tr> <tr> <td>10-25</td><td>Sepsis Ig every 12 hours, or 50% of normal dose every 12</td></tr> <tr> <td>&lt;10</td><td>Sepsis Ig every 24 hours, max Ig ad</td></tr> </tbody> </table>	GFR (ml/min)	Dose	26-50	Sepsis Ig every 12 hours, or normal dose every 12 hours (usually max Ig every 12 hours, 2g every 12 hours may be used in severe infection such as meningitis)	10-25	Sepsis Ig every 12 hours, or 50% of normal dose every 12	<10	Sepsis Ig every 24 hours, max Ig ad
GFR (ml/min)	Dose								
26-50	Sepsis Ig every 12 hours, or normal dose every 12 hours (usually max Ig every 12 hours, 2g every 12 hours may be used in severe infection such as meningitis)								
10-25	Sepsis Ig every 12 hours, or 50% of normal dose every 12								
<10	Sepsis Ig every 24 hours, max Ig ad								
<b>Reconstitution</b>	<b>Reconstitute each 1g vial with 20ml Water for Injection to give a concentration of 50mg/ml. Shake reconstituted solution until clear and all powder dissolved.</b>								
<b>Flush</b>	With sodium chloride 0.9% or glucose 5%								
<b>Adverse Effects</b>	Local site reactions, inflammation, thrombophlebitis, pain at injection site, rash, pruritus, paraesthesia, urticarial, anaphylaxis, angioedema, convulsions. Apnoea also reported.  Discontinue immediately at the first appearance of rash or other signs of hypersensitivity, and administer appropriate treatment								
<b>Comments</b>	When giving by IV INJECTION do not administer via an infusion containing a medicine additive without first stopping the running infusion and flushing the line both before and after administration of the IV injection  Vials are for single use only								





## Appendix 4: Trust Sepsis Box Insert page (page above. reverse is DMH only)

### REFILLING THE SEPSIS BOX:

#### Information for staff at BMHU, Belvoir and MHSOP Bennion (only):

If you have used the sepsis box on your ward please refill the box following the contents list on the front of this sheet.

- **The main supplies for the box can be taken from ward stock and their are additional supplies to refill the box held in the physical health teams managers office (main reception BMHU) this includes blood culture packs.** OOH please request the CDM to support access to the office.
- **Request replacement antibiotics bundle (if used) from the pharmacy to be delivered straight away to refill the box**
- Return the newly filled box to the storage area on Watermead ward —The staff on Watermead need to be made aware so they can update their checklist
- Kirby and Belvoir are to replenish and check their own boxes.
- **Between use :** Staff on Watermead, Belvoir and Kirby and Langley ward will check the sealed box daily
- If the box on Belvoir is used please refill the box and checks as per protocol. Supplies can also be obtained as detailed above
- **Bennion Centre MHSOP: Kirby & Langley hold their own sepsis box**

## Sepsis Bundle

### For addition to Sepsis Box

### List of Contents

Drug	Amount	Batch Number	Expiry
Meropenem vial 1gr	2x 1gr		20
Sodium chloride 0.9% solution	2 x 10ml		20
Water for Injection	4 x 10ml		20
Saline 0.9% Bag	2 x 500ml		20

Issued To	Expiry Date	Dispensed By	Checked By

If any of the bag contents is used, please contact pharmacy **ASAP** to obtain a bundle replacement.

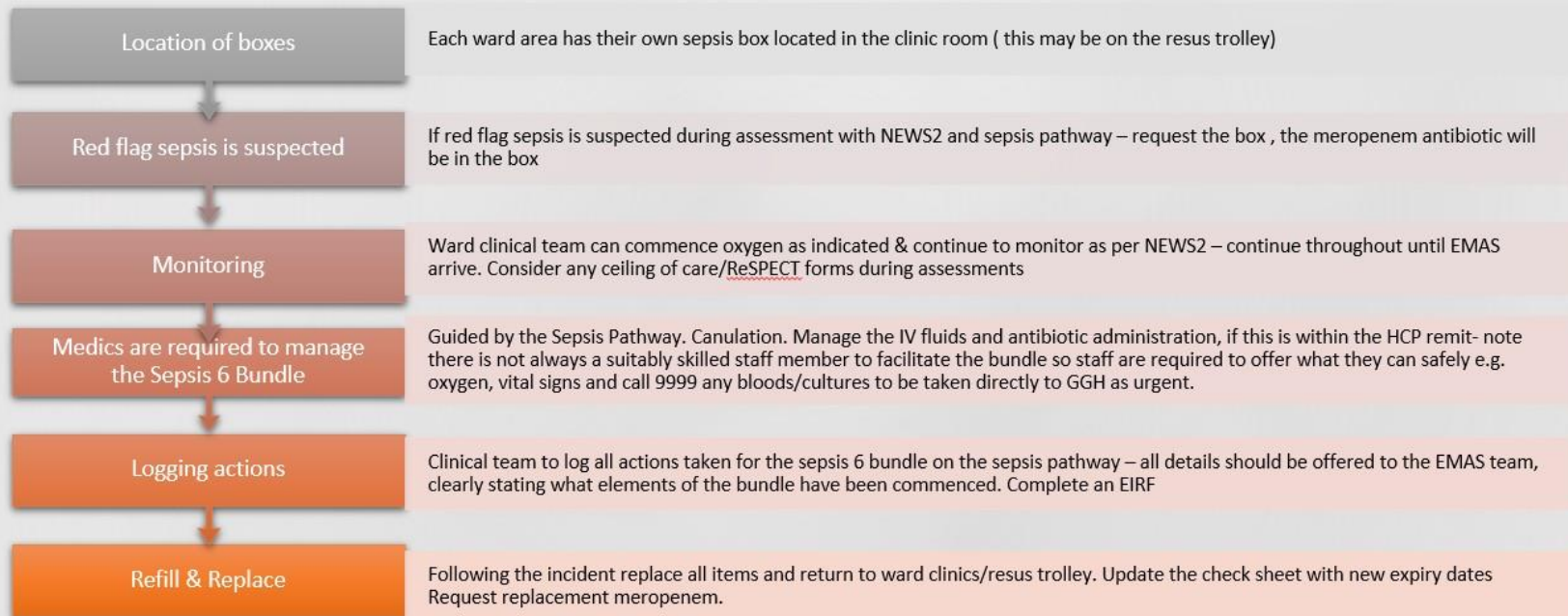
## Appendix 5: Sepsis Box Process Flow charts: BMHU; MHSOP; CHS; FYPCLDA Community and Inpatients

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

20/08/2025 Status – final Management of Sepsis Policy

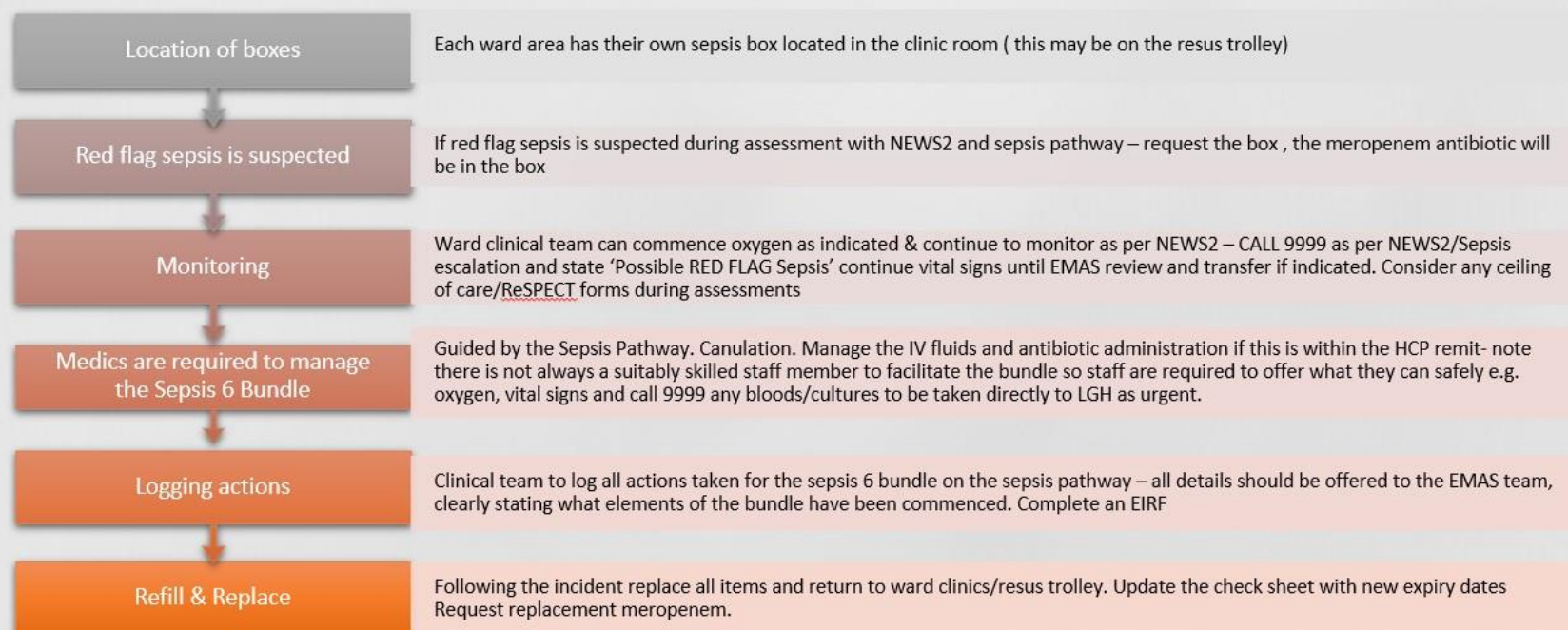
# Sepsis Box Process Belvoir, Kirby, Langley & Welford

(2222 & 9999. Resus Trolley, Inpatient NEWS2 escalations and Inpatient Sepsis Pathway (Eating Disorders (ED) – may have adapted assessment tools/parameters for their speciality))



# Sepsis Box Process Evington Centre: Coleman & Gwendolen wards

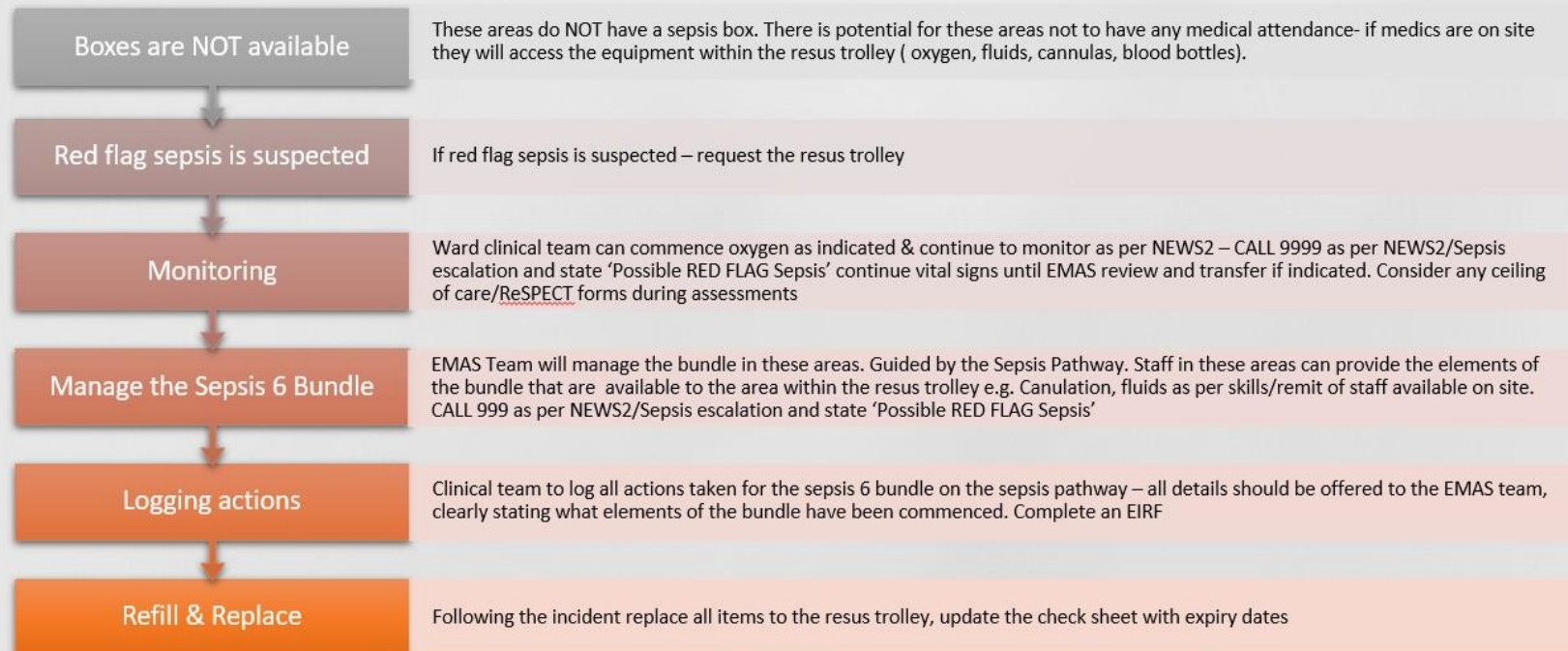
(9999 only. Resus Trolley & Sepsis Box, Inpatient NEWS2 escalations and Inpatient Sepsis Pathway)





# Sepsis Process DMH Rehab Wards, Step Down, Mill Lodge & HPC

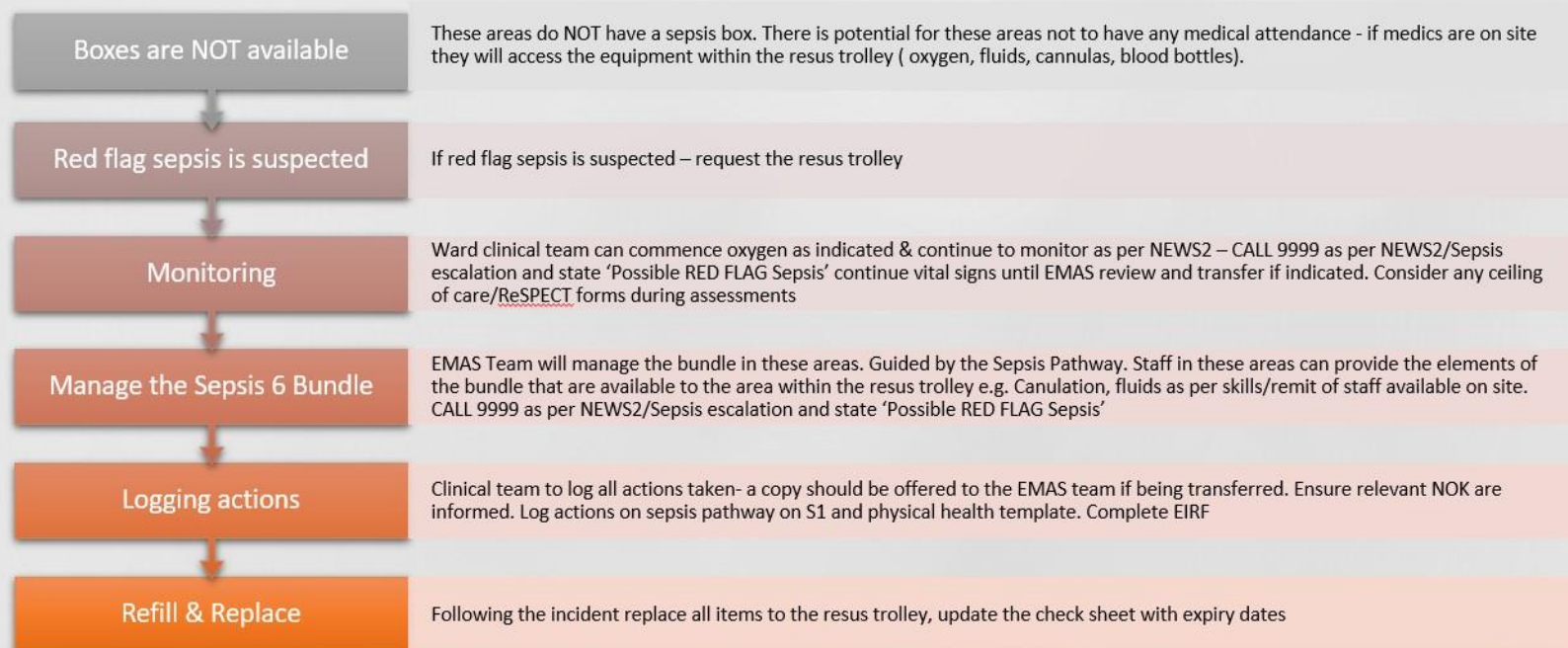
(No sepsis box, 9999. Resus Trolley, Inpatient NEWS2 escalations and Inpatient Sepsis Pathway)



Se

# Sepsis Process LDA Inpatients Agnes Unit

· (No sepsis box, 9999. Resus Trolley, Inpatient NEWS2 escalations and Inpatient Sepsis Pathway)

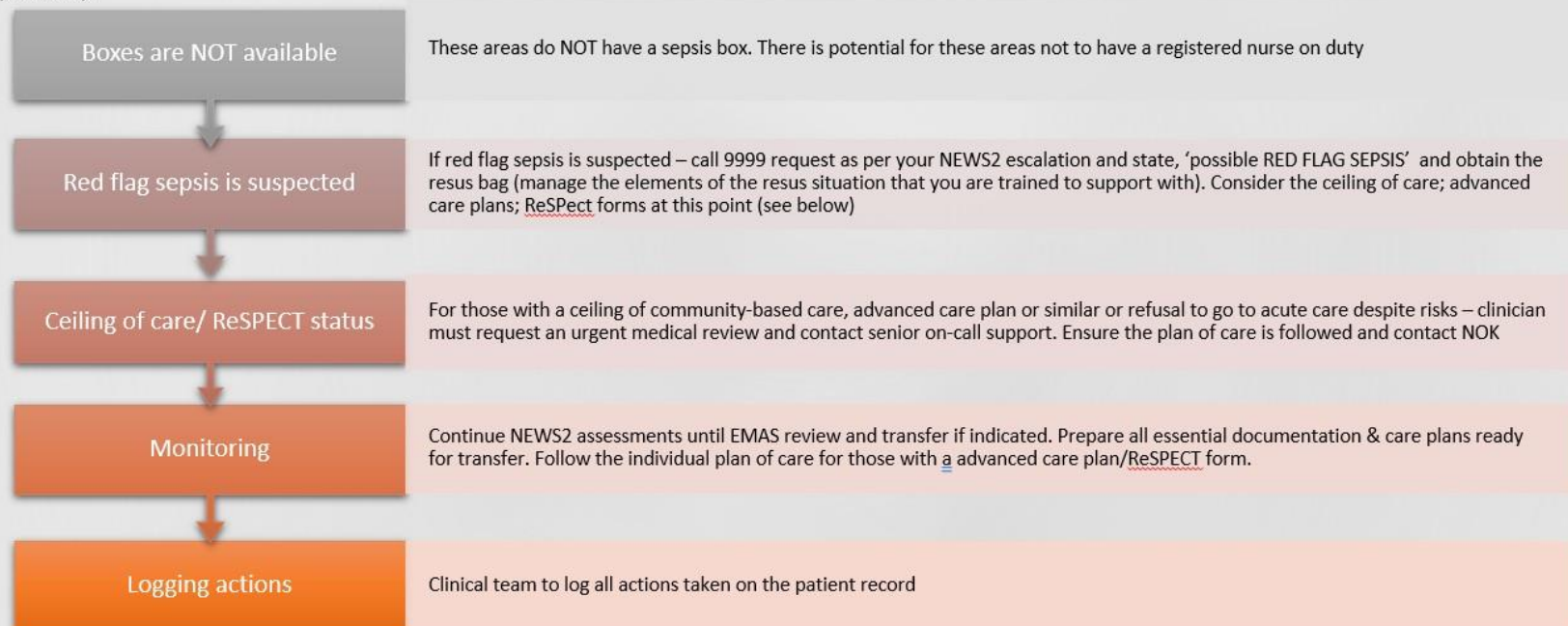


# Sepsis Process LDA : Respite Short Breaks

(No sepsis box, 9999. Resus Bag, Inpatient NEWS2 escalations and Sepsis Pathway)

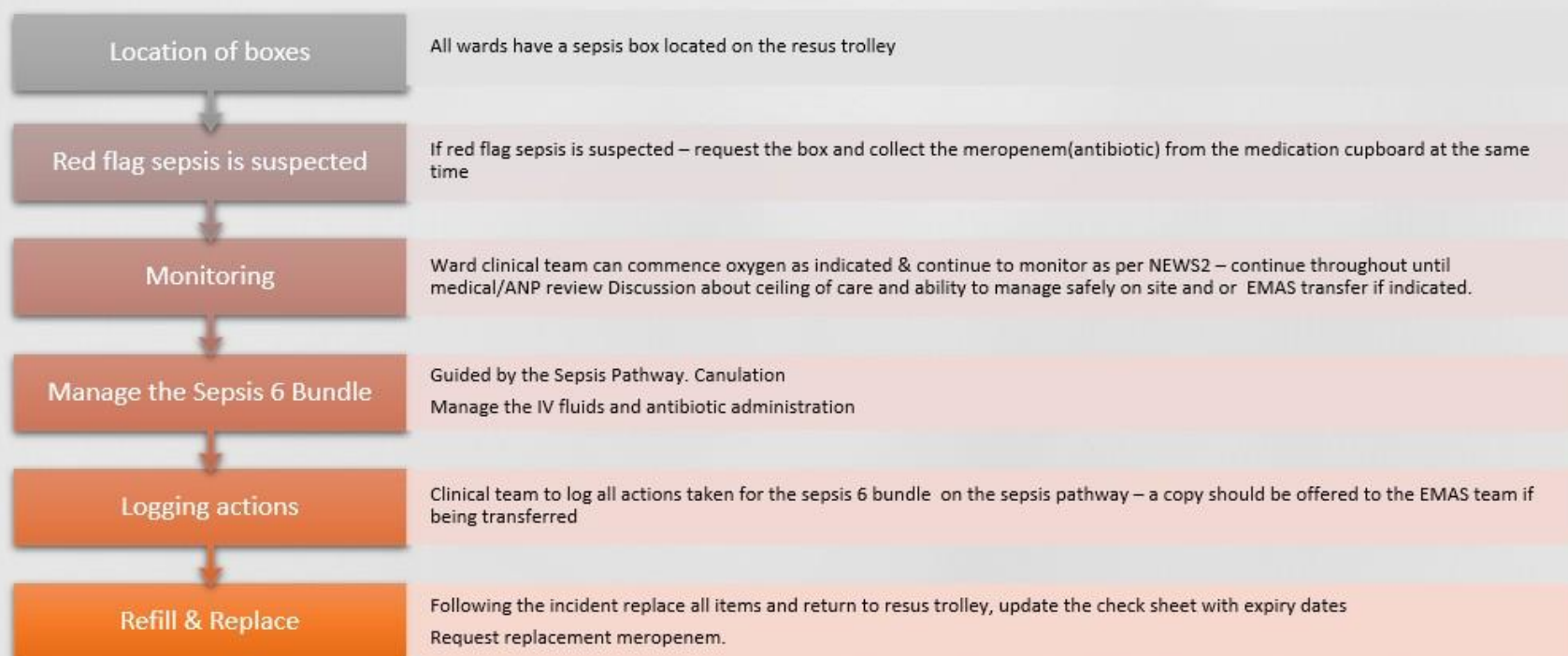
The Sepsis Screening Tool for community has been designed for staff who do not have the skills, knowledge, or equipment to record clinical observations. Staff can identify 'soft signs'/non-contact observation of deterioration and escalate as per the tool.

The Community Sepsis pathway is to be used by all staff who have the knowledge and skills to record clinical observations, escalating clinical concern as per pathway.



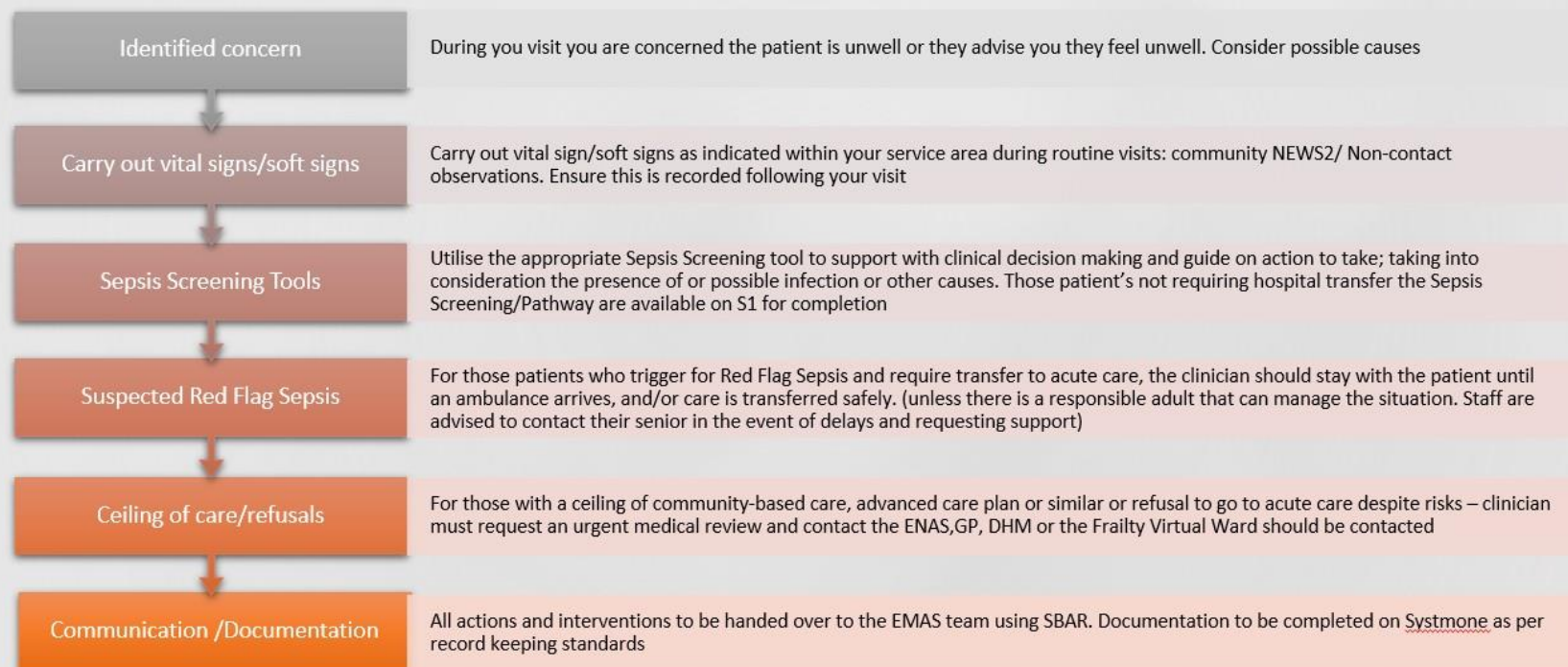


# Sepsis Box Process CHS Community Hospitals inpatient wards



# Sepsis Process CHS Community Teams

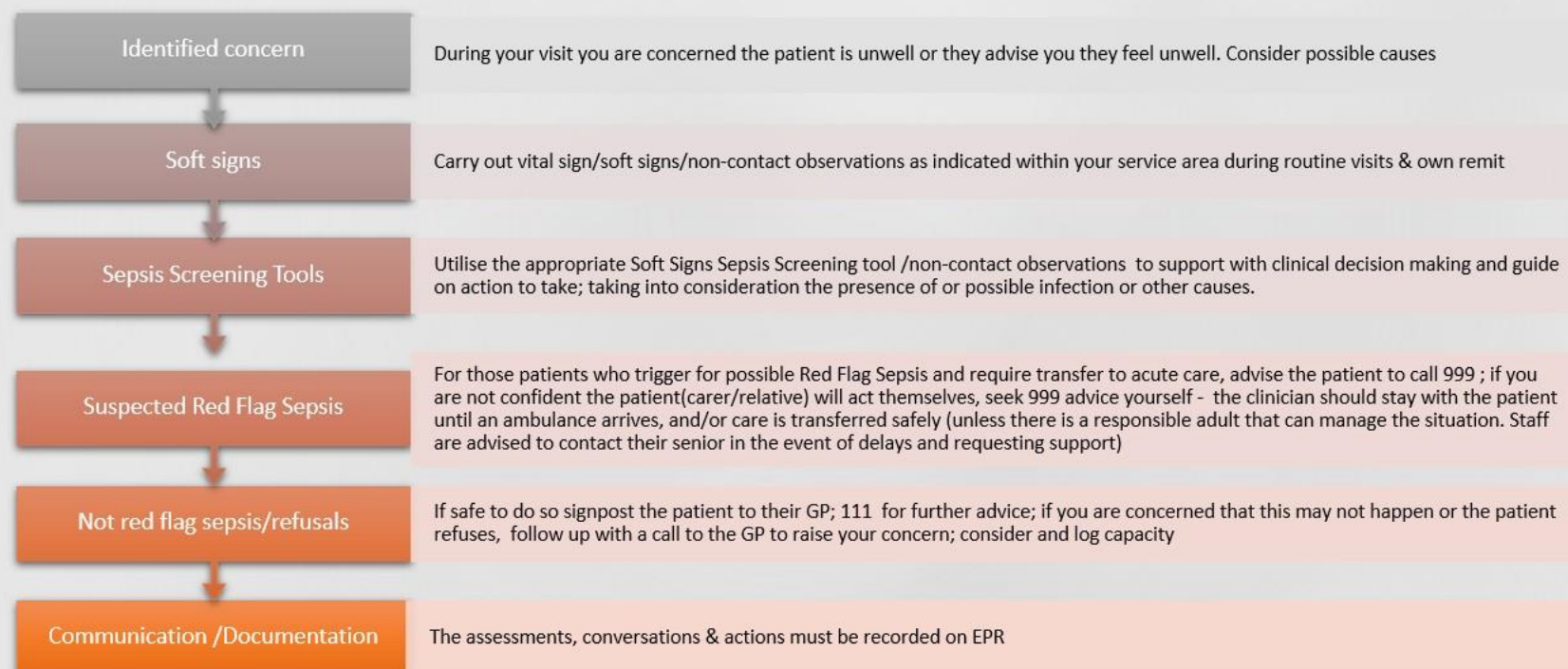
The Sepsis Screening Tool for community has been designed for staff who do not have the skills, knowledge, or equipment to record clinical observations. Staff can identify 'soft signs' using non-contact observation of deterioration and escalate as per the tool. The Community Sepsis pathway is to be used by all staff who have the knowledge and skills to record clinical observations, escalating clinical concern as per pathway..



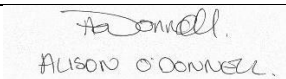
# Sepsis Process DMH, LDA, & ED Community Teams

The Sepsis Screening Tool for community has been designed for staff who do not have the skills, knowledge, or equipment to record clinical observations. Staff can identify 'soft signs'/non-contact observation of deterioration and escalate as per the tool.

The Community Sepsis pathway is to be used by all staff who have the knowledge and skills to record clinical observations, escalating clinical concern as per pathway. (Eating Disorders (ED) – may have adapted assessment tools/parameters for their speciality)



## Appendix 6: Training Needs Analysis

<b>Training topic/title:</b>	1. Sepsis in Adults 2. Resus Level 2 (BLS) 3. Resus Level 3 (ILS)		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <b>2+3 YES</b> -Mandatory (must be on mandatory training register) <b>1. YES</b> -Role Essential (must be on the role essential training register) <input type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<b>Yes</b> - Directorate of Mental Health <b>Yes</b> - Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <input type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <b>Yes</b> - Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Medical, Nursing, Bank, Agency and Locum		
Governance group who has approved this training:	Deteriorating Patient Resus Group	Date approved:	Sept 25
Named lead or team who is responsible for this training:	Karen Plowman Advanced Clinical Practitioner		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	eLearning and classroom		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	Yes - uLearn Yes - Other locally held for local training		
How will compliance with this training to be audited?	Yes - Manager ulearn report <input type="checkbox"/> Local manager personal records Yes - StatMand (Flash) topic compliance report <input type="checkbox"/> Other please specify		
<b>Signed by Learning and Development Approval name and date</b>	 ALISON O'DONNELL		Date: 12.9.25

## Appendix 7: The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers    Answer yes/no to all

Respond to different needs of different sectors of the population yes

Work continuously to improve quality services and to minimise errors yes

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes



## Appendix 8: Due Regard Screening Template

<b>Section 1</b>	
Name of activity/proposal	LPT Management of Sepsis Policy
Date Screening commenced	January 2024
Directorate / Service carrying out the assessment	Sepsis Workstream: CHS and DMH Physical Health Matron
Name and role of person undertaking this Due Regard (Equality Analysis)	Jacqueline Moore DMH Physical Health Matron
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The aim of this Policy is to provide staff with the best practice principles in the assessment, identification, and immediate intervention of a patient with suspected sepsis/ Red Flag Sepsis. Supporting the Trust Deteriorating Patient Policy	
OBJECTIVES: To improve patient outcomes by ensuring early identification, clinical assessment and intervention for patients with physical deterioration when a possible infection is identified that could support the identification of possible red flag sepsis.	
<b>Section 2</b>	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	Positive Impact: acknowledgment that people aged 75 years or that are very frail have increased risk factors
Disability	Positive impact – Use of non-contact observations for patients with learning disabilities and communication difficulties
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	Although rare, LPT may have people who are prenatal or postnatal and this policy would apply to them with the acknowledged considerations
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	Positive impact – Use of non-contact observations for patients with learning disabilities and communication difficulties. (including those with SMI, Organic diagnosis)
<b>Section 3</b>	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This is a low risk Policy that takes into consideration a number of protected characteristics including age and disability and has bespoke tools to support clinicians in practice.			
Signed by reviewer/assessor	Jackie Moore	Date	July 2025
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Sarah Latham	Date	July 2025

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*

## Appendix 9: Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
<b>Name of Document:</b>	<b>Management of Sepsis Policy</b>	
<b>Completed by:</b>	<b>Jacqueline Moore and Karen Plowman</b>	
<b>Job title</b>		<b>Date</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1.</b> Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
<b>2.</b> Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
<b>3.</b> Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
<b>4.</b> Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	<b>No</b>	
<b>5.</b> Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
<b>6.</b> Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*



<b>7.</b> As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
<b>8.</b> Will the process require you to contact individuals in ways which they may find intrusive?	No	
<b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via</b> <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a> <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b>		
<b>Data Privacy approval name:</b>	N/A	
<b>Date of approval</b>		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

*This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.*