

Appendix 6

Six Hour Sepsis Resuscitation Bundle Checklist The Pennine Acute Hospitals



NHS Trust

Name..... Hospital Number..... Date of Birth.....	Hospital site and department:
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Patient has Severe Sepsis/Septic Shock (Appendices 3 & 4)

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Sepsis Six and initial 30ml/kg Crystalloid fluid bolus complete

↓ Yes

- Systolic BP <90mmHg OR
- MAP <65mmHg OR
- A fall of >40mmHg from baseline OR
- Lactate > 4

↓ Yes

Appropriate senior (Middle Grade/ Consultant) speciality and Critical Care assessment < 4hours from presentation and decision made that escalation of care is appropriate and in the patient's best interest.

↓ Yes

No

Complete First Hour Sepsis Six Bundle (Appendix 4)

No

Ensure definitive plan is documented
 Ensure Early Warning Score recorded every 15–30mins.
 • **Frequent Medical Reassessment**
 Use referral and escalation system

No

	Achieved Y/N	Time & initial
1. Assess volume status and fluid responsiveness using a variety of methods depending on skills/ equipment available. (e.g. CVP 8-12, Bedside Echo, USS assessment of IVC/lungs, Pulse Pressure Variation, Thoracic Impedance measurements)	Y/N	
2. Continue with crystalloid fluid resuscitation until assessed as adequately fluid resuscitated using step 1.	Y/N	
3. If not catheterised during the First Hour Sepsis Six Bundle insert urinary catheter now and continue strict fluid balance monitoring. Aim for urine output ≥ 0.5mls/kg/hr	Y/N	
4. If still hypotensive (MAP < 65mmHg) insert arterial line and commence noradrenaline infusion. Aim for MAP > 65 mmHg	Y/N	
5. Ensure Hb > 7g/dl : consider transfusion if necessary	Y/N	
6. Assess for evidence of adequate oxygen delivery to the tissues and therefore adequate resuscitation using a variety of methods depending on skills/ equipment available. (e.g. Warm peripheries, Adequate urine output, ScVO2 > 70%, Reduction in lactate > 10%)	Y/N	
7. If evidence of inadequate oxygen delivery consider Inotrope infusion (adrenaline/ dobutamine)	Y/N	
Ensure patient is moved to appropriate critical care area		
Document and communicate appropriate monitoring and management plan.		
Six Hour Resuscitation Bundle complete?	Y/N	

Name:.....Designation:.....

File this form in the patient's notes