

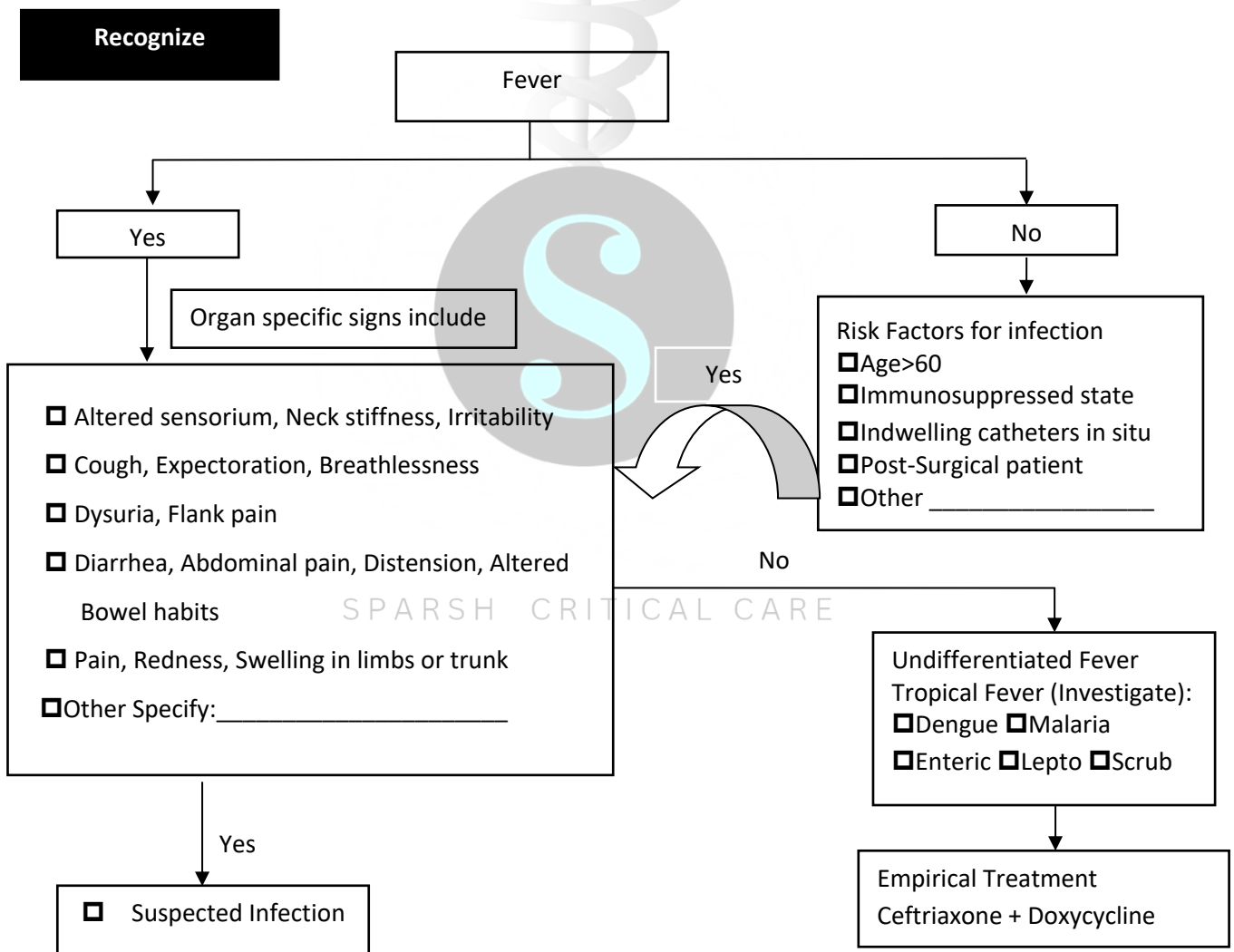


SEPSIS CARE PATHWAY



Provisional diagnosis	Antibiotics received outside:
	Day of antibiotics:
Duration of previous hospitalization (if)	Cultures sent outside:
Previous lab investigations if any	Fluids received oral / IV _____ L/day

CO-MORBIDS	<input type="checkbox"/> Hypertension	<input type="checkbox"/> COPD	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Post-Transplant
	<input type="checkbox"/> Type 2 Diabetes Mellitus	<input type="checkbox"/> CLD	<input type="checkbox"/> Malignancy / Chemo Tx	<input type="checkbox"/> Alcoholic
	<input type="checkbox"/> CAD	<input type="checkbox"/> CKD	<input type="checkbox"/> Steroids / Immuno suppressant Drugs	<input type="checkbox"/> Smoker



Response

NEWS 2 Criteria:

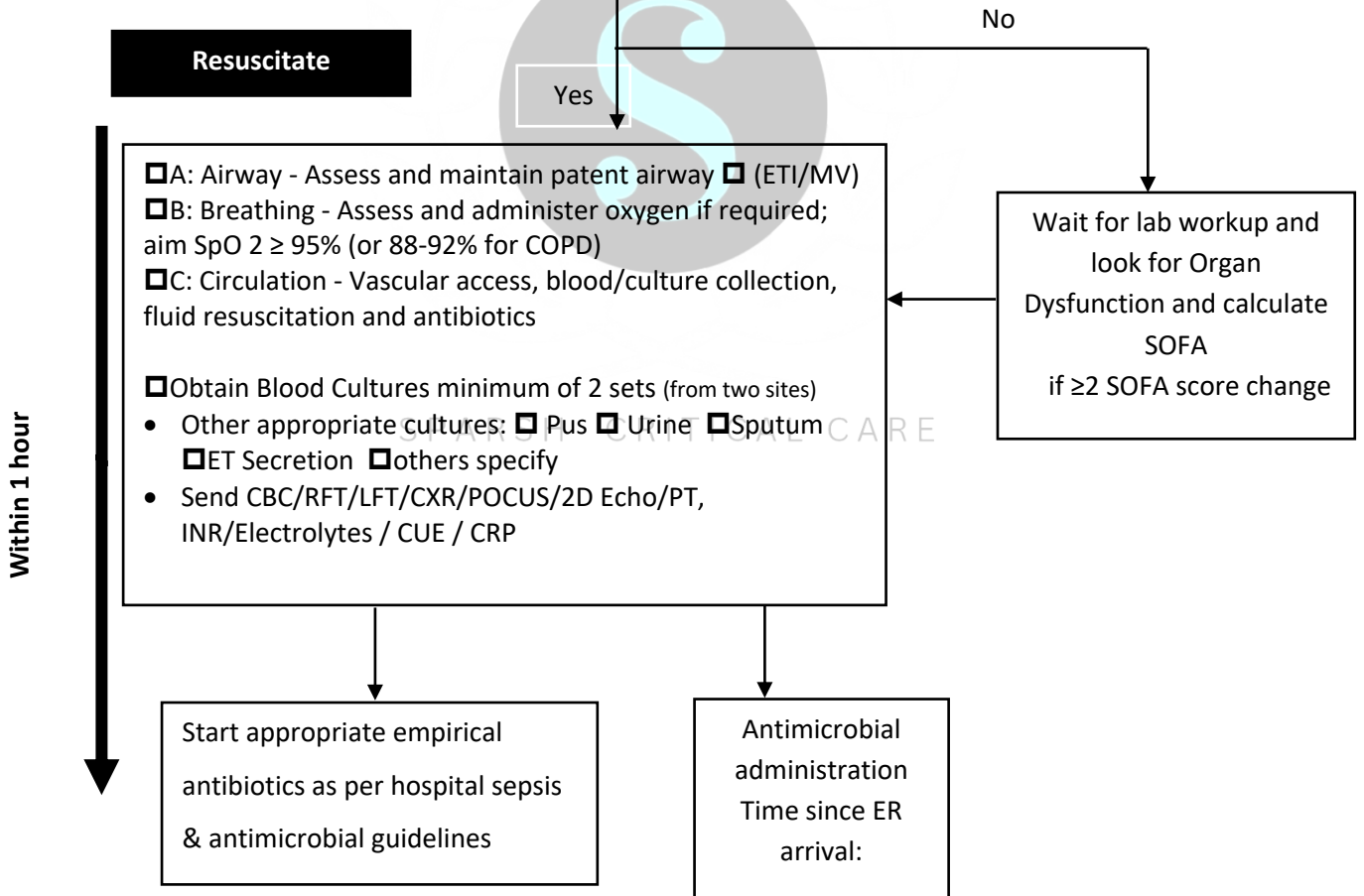
	1	2	3
Respirations (per min)	<input type="checkbox"/> 9-11	<input type="checkbox"/> 21-24	<input type="checkbox"/> ≤ 8 or ≥ 25
% O2 Saturation	<input type="checkbox"/> 94-95	<input type="checkbox"/> 93-92	<input type="checkbox"/> ≤ 91
-Hypercapnic respiratory failure on RA	<input type="checkbox"/> 86-87	<input type="checkbox"/> 84-85	<input type="checkbox"/> ≤ 83
Oxygen Requirement		<input type="checkbox"/> yes	
Blood pressure (mmHg)	<input type="checkbox"/> 101 – 110.	<input type="checkbox"/> 91-100	<input type="checkbox"/> ≤ 90
Pulse	<input type="checkbox"/> 41-50 or 101-110.	<input type="checkbox"/> 111-130	<input type="checkbox"/> ≥ 131
Consciousness		<input type="checkbox"/> Confused	
Temperature (°C)	<input type="checkbox"/> 35.1- 36 or 38.1-39	<input type="checkbox"/> ≥ 39.1	<input type="checkbox"/> ≤ 35
Total Score _____			

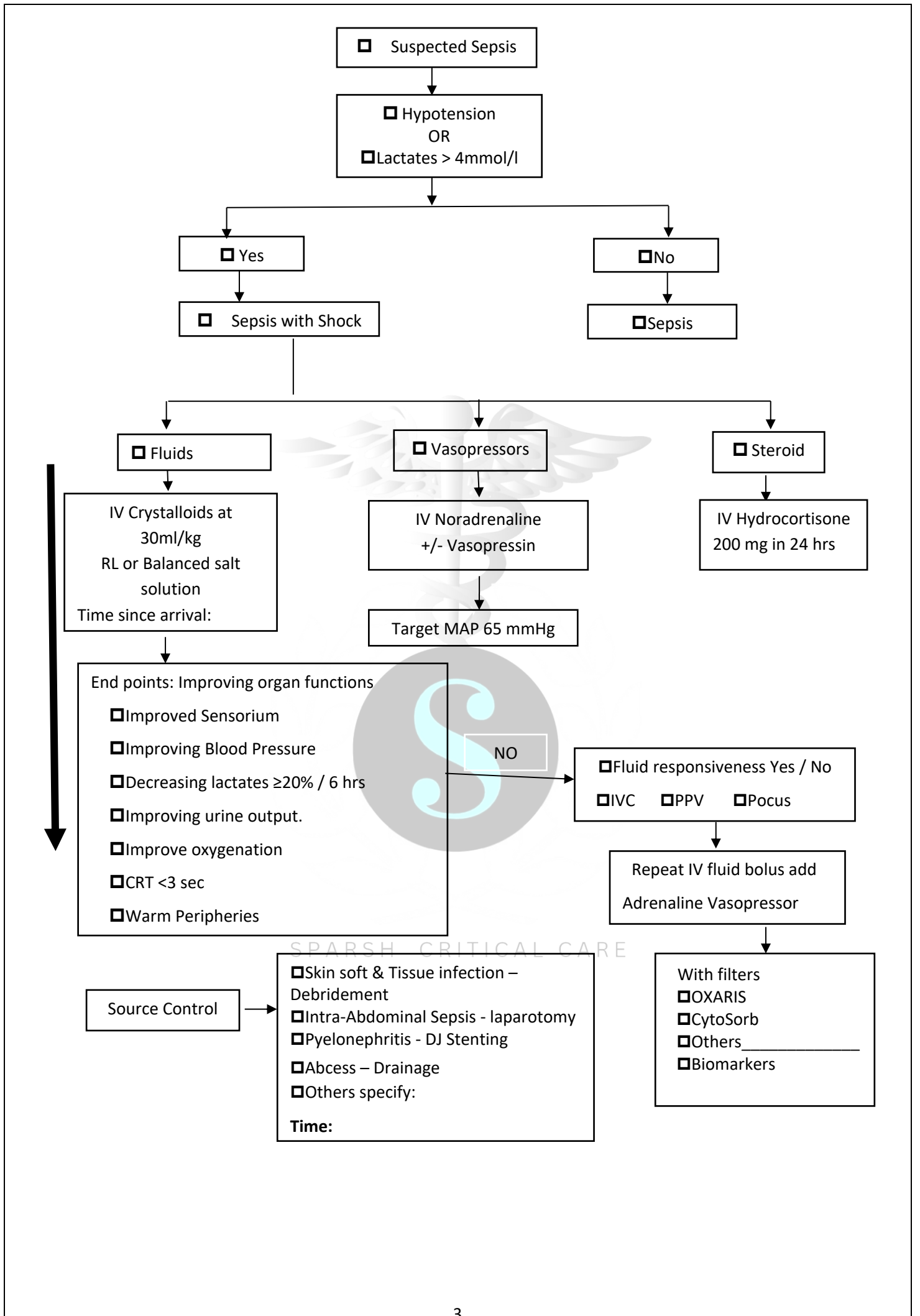
NEWS2 ≥ 5 → Suspected Sepsis

Signs of decrease organ perfusion & organ dysfunction

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ABG lactates >2mmol/l, (Lactate) _____. <input type="checkbox"/> Decreased urine output: (U/O < 0.5 ml/kg) _____. <input type="checkbox"/> Peripheral mottling: Yes / No <input type="checkbox"/> Hypotension (MAP) _____ <input type="checkbox"/> Ecchymosis / Petichaes / Mucosal Bleeding Tendencies. | <ul style="list-style-type: none"> <input type="checkbox"/> Altered Sensorium:(GCS) _____ <input type="checkbox"/> Cold / Clamy extremities: Yes / No <input type="checkbox"/> Increased Capillary refill time >5 sec: Yes/No <input type="checkbox"/> Hypoxia (SpO2) _____ <input type="checkbox"/> Hypoglycaemia (GRBS): _____ |
|---|--|

Resuscitate





ICU Days	EVENTS / SUPPORTS				
1	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
2	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
3	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
4	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
5	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
6	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
7	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
>7 days Course of illness					

Outcome

- I. APACHE II/IV Score: _____ 2. SOFA Score at the time of admission: _____ , 48hr: _____
 at the time of transfer out / LAMA / Discharge: _____ 3. Length of ICU Stay: _____
 4.Length of Hospital stay: _____
- II. Organ Failure : AKI Liver failure Coagulopathy Encephalopathy
Myocardial Dysfunction CIPNM MV dependent
- III. Renal replacement therapy _____ day from CRRT / SLED
- IV. MV _____ duration Prone ECMO Tracheostomy
- V. Outcome: Death Survived (Discharged from ICU / Transfer out to stepdown / HDU/
 Room) LAMA

Ambulated Bed ridden (with support / without support)

Doctor Name: _____, Sign: _____

Author	Supervised by	Version/Date	Review Date
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SPARSH CRITICAL CARE