



# Code Yellow Sepsis

Date of Incident

/   /

Call Sign Letter

Call Sign Number

Station

Patient Name: .....

Address: .....

.....

.....

.....

Incident Number

Patient's Date of Birth

/   /

**Does your patient have an infection? Any of the following**

Productive Cough/DIB  
Urinary Symptoms/UTI  
Skin/Wound Infection  
Catheter /indwelling device  
Clinician suspects infection

Hot/Swollen Joints/limbs  
Acute Confusion  
Fever/Rigors/Shivering  
Recent Chemotherapy  
ENT signs and symptoms

**YES**

**Is the infection systemic?  
Any TWO or more of the following**

Altered Mental State  
Respiratory Rate >20  
Heart Rate >90  
Blood Sugar >7.0 mmol/l  
Temperature >38 or <36

**NO**

Contact the Clinical Hub for **Decision Support or Referral**

**Outcome**

GP   
PP   
ED Route   
ED + ASHICE

**YES**

**! Paediatric Values**

- **Patients under 5:** Refer to the NICE Traffic Lights System
- **Patients between 6 & 11** – use normal value *plus* >10% as *abnormal*

**NO**

**Is Perfusion Affected? any ONE the following**

Not passed Urine >6 Hours/Acute Dehydration  
Mottled and shutdown skin  
Poor Capillary Refill Time  
NEWS ≥7 or PEWS ≥4 !

Systolic Blood Pressure <90mmHg (Or a marked decrease for patient)

**Yes?**

This Patient **MUST** have Antibiotics  
by \_\_\_\_:\_\_\_\_

**Plus One Hour!**

**Your Patient Has Severe Sepsis**

**Diagnosis Time:** \_\_\_\_:\_\_\_\_

## Begin Sepsis Care Bundle

Clinical Interventions		Hospital Section	
Give High Flow Oxygen	<input type="text"/>	Confirmed Diagnosis?	Yes No
Establish IV Access	<input type="text"/>	Hospital Handover Time	<input type="text"/>
IV Normal Saline En-Route to ED	<input type="text"/>	Antibiotic Administration Time	<input type="text"/>
IV/PO Paracetamol if >39°C En-Route	<input type="text"/>		
Pass "Code Yellow" ASHICE + Diagnosis Time	<input type="text"/>		

**Do Not Delay Transport – Mortality Increases 7.8% Per Hour - TIME IS TISSUE**