**FIRST 6 HOUR FLUID RESUSCITATION AND MONITORING:**

Unless there is clinical overload, give initial bolus of 500ml then review. For severe sepsis give up to 40ml/kg during initial resuscitation with review of BP, HR, urine and clinical progress. If clinically overloaded at outset give boluses of 250ml with senior clinical review and consider CVP.

<table>
<thead>
<tr>
<th>Bottle</th>
<th>FLUID</th>
<th>Rate of flow (mL)</th>
<th>ADDITIONS</th>
<th>Use 24hr Clock</th>
<th>Prescribed by (Doctor signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Saline 0.9%</td>
<td>500ml STAT</td>
<td></td>
<td></td>
<td>Administered by (signature)</td>
</tr>
</tbody>
</table>

**SEPSIS 6 BUNDLE DELIVERED IN 1 HOUR:**

To be completed by medical and/or nursing staff as appropriate.

1) **OXYGEN** (target sats 94-98% unless COPD target or SEVERE SEPSIS)

2) **FLUID RESUSCITATION** (prescribe opposite)

3) **BLOOD CULTURE** (and other cultures, eg urine, SBP, joint, swabs etc)

4) **STAT I.V. ANTIBIOTICS** (based on initial assessment: minimise delay)

5) **LACTATE, FBC AND BIOCHEMISTRY URGENTLY**

6) **MONITOR URINE OUTPUT** (record opposite: catheterise if <60ml at 2 hours or for SEVERE SEPSIS)

**RECORD SEPSIS GOALS: THE FIRST 6 HOURS**

If BP and urine goals not met following initial fluid resuscitation insert CVP (if for escalation)

If BP goal not met despite adequate fluid resuscitation and CVP give Noradrenaline in HDU and insert arterial line (if for escalation)

Consider ITU referral early if appropriate and not reaching goals

**SEVERE SEPSIS has a high mortality:** Senior review to determine and document ceiling of care and 2222 status. SEWS every 30-60mins, catheter without delay, high flow oxygen (unless COPD target), review and control infection sources, fluid resuscitation and monitor response targets at least hourly for the first 6 hours.