



## **Red flag sepsis simulation checklist – for hospital or urgent care**

### ***Purpose***

This checklist is intended to be used when designing an in-situ simulation about a person presenting to a hospital or urgent care centre with red flag sepsis. Some criteria may need to be adapted depending on your hospital or urgent care clinic.

This checklist reflects the actions required by the Raise the Flag sepsis adult pathway. It can be used in sepsis training during the implementation of a quality improvement project, or incorporated into a wider simulation programme.

### ***Scenario***

A 64-year-old man presents with a 3-day history of cough, shortness of breath and fever. He arrives at an emergency department, assessment unit or acute care centre with signs of sepsis. (The exact scenario can be tailored to your local environment.)

Red flag sepsis simulation checklist				
Recognise				
<b>Example scenario</b>	On initial assessment the man appears unwell (or if an inpatient – EWS 6).			
<b>Actions</b>	Start sepsis pathway	Y	N	
	Assess for red flags	Y	N	
<b>Example scenario</b>	Red flags present: <ul style="list-style-type: none"> <li>• HR 130 beats/min or more</li> <li>• RR 25 breaths/min or more</li> <li>• New oxygen requirement</li> <li>• Lactate 2mmol/L or more</li> </ul> Add specific observations to be provided on assessment:			
<b>Actions</b>	State “red flag sepsis” when calling for assistance or senior help	Y	N	
	Commence sepsis six bundle	Y	N	
	Get senior clinician help	Y	N	NA
	Give oxygen (if SpO <sub>2</sub> 92% or less)	Y	N	NA
	Draw blood cultures	Y	N	NA
	Measure lactate and take a full set of bloods	Y	N	NA
	Give IV antibiotics	Y	N	NA
	Give IV fluid (if hypotensive or lactate more than 2mmol/L)	Y	N	NA
	Document actions on sepsis pathway	Y	N	NA
Reassess				
<b>Example scenario</b>	On reassessment: <ul style="list-style-type: none"> <li>• oxygen saturations improving with oxygen</li> <li>• lactate remains between 2–3.9mmol/L</li> </ul> Add specific observations to be provided on assessment:			
<b>Actions</b>	Observe vital signs every 30 minutes	Y	N	
	Organise referrals and investigations	Y	N	NA
	Assess for response to treatment	Y	N	NA
	Inform patient and whānau of sepsis diagnosis. Use the word “sepsis” when speaking with patient and whānau.	Y	N	NA
	Document actions	Y	N	NA