DO NOT FORGET · THE SHORT CHECKLIST



Sepsis — hour-1 bundle

Recognise, culture, treat, resuscitate, reassess — the clock starts at recognition

EM Orbit

Patient reference	Date	Time zero	Completed by

The 4 steps that must not be missed

- [ ] **RECOGNISE**

  Suspected or confirmed infection PLUS new organ dysfunction

  Altered mentation, RR ≥ 22, SBP ≤ 100, SpO_2 fall, oliguria, lactate rise, new coagulopathy or jaundice. SSC 2021 recommends against qSOFA as the only screen — use NEWS/MEWS or SIRS alongside clinical judgement.

- [ ] **MEASURE**

  Lactate now

  Venous is fine. If > 2 mmol/L, repeat within 2–4 hours to guide resuscitation.

- [ ] **TREAT**

  Broad-spectrum IV antimicrobials immediately — within 1 hour when septic shock is present or sepsis is likely

  Sepsis possible but not confirmed and no shock: rapid assessment, then antimicrobials within 3 hours of recognition if the concern persists (SSC 2021). Follow the local antibiogram and empiric protocol.

- [ ] **RESUSCITATE**

  Hypotension or lactate ≥ 4 mmol/L: 30 mL/kg balanced crystalloid within the first 3 hours

  Start at once; give it in boluses with reassessment after each. Balanced crystalloid preferred to saline. No starches, no gelatins.



The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement. Source: Surviving Sepsis Campaign 2021.