

Sepsis: hospital setting (adults only)

Sepsis is a life-threatening condition that arises when the body's response to an infection causes damage to its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death especially if not recognised early and treated promptly.

These questions will help to assess for sepsis in hospital inpatients.

Question 1

Does the patient score 3 or above on an Early Warning Score (see Early Warning Score card)? OR does the patient look sick?

Question 2

If the answer to question 1 is yes, could this be due to an infection?

Question 3

If the answer to question 2 is yes, is there any ONE red flag for sepsis?

Systolic BP \leq 90 mmHg (or drop >40 from normal)

Lactate \geq 2 mmol/l

Red NEWS score for Respiratory Rate (RR)

Red NEWS score for Heart Rate (HR)

Red NEWS score for conscious level

Needs oxygen to keep SpO₂ \geq 92% (88% in COPD)

Non-blanching rash, mottled/ ashen/ cyanotic

Oliguria (from history or urine output less than 0.5 ml/kg/hr)

Recent chemotherapy

Tick

If yes this may indicate sepsis.

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What to do

- Escalate to a senior health care professional immediately – prompt recognition and initiation of treatment by a senior competent practitioner are needed **within the hour**.
- Start an Early Warning Score to record observations every 30 minutes and escalate deterioration to a senior healthcare professional immediately.
- Depending on your skill level the following may also be undertaken:

- 1 Administer oxygen**
Aim to keep saturations > 94%
(88-92% if at risk of CO₂ retention, eg, COPD).
- 2 Take bloods to include cultures and lactate**
At least a peripheral set.
Consider microbiology samples, eg, CSF, urine, sputum.
- 3 Give IV antibiotics as prescribed**
According to trust protocol.
Consider allergies prior to administration.
- 4 Give IV fluids as prescribed**
If hypotensive/lactate >2mmol/l.
- 5 Check serial lactates regularly (arterial or venous)**
- 6 Measure urine output**
May require urinary catheter. Ensure fluid balance chart commenced and completed hourly.

Sepsis: community setting (adults only)

Sepsis is a life-threatening condition that arises when the body's response to an infection causes damage to its own tissues and organs. Sepsis can lead to shock, multiple organ failure and death especially if not recognised early and treated promptly.

These questions will help with assessment for sepsis in the community setting.

Question 1

Does the patient look sick or are they complaining of any of the following symptoms?

S LURRED SPEECH

E XTREME SHIVERING OR MUSCLE PAIN

P ASSING NO URINE (IN A DAY)

S EVERE BREATHLESSNESS

"I FEEL LIKE I MIGHT DIE"

S KIN MOTTLED OR DISCOLOURED

Sepsis: community setting (adults only)

Question 2

If the answer to question 1 is yes, is there a history or signs of an infection?

If the patient has any symptoms from question 1 and has signs of an infection, this may indicate sepsis.

What to do

- Escalate to the most senior health care professional immediately (GP or medical team – consider A&E if the patient appears severely unwell) - prompt recognition and initiation of treatment for all patients suspected of having sepsis are vital **within the hour**.

Depending on the care setting and your skill level, the following may also be undertaken:

- record observations every 30 minutes to include an Early Warning Score and escalate deterioration to a senior health care professional immediately
- screening – consider microbiological samples if infection present (urine, sputum, blood, wound)
- administer prescribed IV antibiotics within one hour of decision to treat for sepsis.