SEPSIS KILLS
RECOGNISE · RESUSCITATE · REFER

SEPSIS PATHWAY – ADULT – INPATIENT

This pathway is intended for the recognition and immediate management of sepsis
Use relevant febrile neutropenia guidelines if the patient has haematology/oncology diagnosis

CLINICAL EXCELLENCE COMMISSION

RECOGNISE

DOES YOUR PATIENT HAVE A KNOWN OR SUSPECTED INFECTION?

Does your patient have any of the following sepsis risk factors, signs or symptoms present?

- ❑ History of fevers or rigors
- ❑ Cough/sputum/breathlessness
- ❑ Abdominal pain/distension
- ❑ Line associated infection/redness/swelling/pain
- ❑ Dysuria/frequency/odour
- ❑ New onset of confusion or altered LOC
- ❑ Recent surgery/cellulitis/wound infection
- ❑ Immunocompromised/chronic illness

Have a higher level of suspicion of sepsis for patients age > 65 years

PLUS

Does your patient have any RED ZONE observations or additional criteria?

NB: LACTATE $\geq$ 4mmol/L = Rapid Response

OR

Does your patient have TWO or more YELLOW ZONE observations or additional criteria?

RESPOND & ESCALATE

YES (Red zone)

Patient has SEVERE SEPSIS or SEPTIC SHOCK until proven otherwise

- Sepsis is a medical emergency
- Call for a Rapid Response (as per local CERS) unless already made
- Commence treatment as per sepsis resuscitation guideline
- Inform the Attending Medical Officer that your patient has sepsis

Turn over page for sepsis resuscitation guideline

YES (Yellow zone)

Patient may have SEPSIS

- Obtain senior clinician review
- Call for a Clinical Review (as per local CERS) unless already made
- Look for other causes of deterioration
- Commence treatment as per sepsis resuscitation guideline
- Inform the Attending Medical Officer (as per local CERS)

Turn over page for sepsis resuscitation guideline

NO

Look for other common causes of deterioration

New arrhythmia
Hypovolaemia/haemorrhage
Pulmonary embolus/DVT
Atelectasis
AMI
Stroke
Overdose/over sedation

- Initiate appropriate clinical care
- Repeat observations within 30 minutes AND increase the frequency of observations as indicated by the patient's condition
- Re-evaluate for sepsis if observations remain abnormal or deteriorate

Discuss management plan with patient and family

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SEPSIS RESUSCITATION GUIDELINE

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RESUSCITATE & REASSESS

Adapt treatment to the patient's Resuscitation Plan if applicable

A	**Maintain patent airway**
B	**Give oxygen** Aim $SpO_2 \geq 95\%$ (or 88-92% for COPD & chronic type II respiratory failure)
C	**Large bore intravenous access, collect and check results:** ❑ Lactate ❑ Blood gas ❑ EUC ❑ Procalcitonin if available ❑ Blood cultures x 2 ❑ Coags ❑ CRP ❑ FBC ❑ LFTs ❑ Glucose *Call for expert assistance after two failed IVC attempts*
	IV Fluid Resuscitation Give initial 250-500mL 0.9% sodium chloride bolus STAT: aim for SBP > 100mmHg If no response, repeat 250-500mL 0.9% sodium chloride boluses STAT until SBP > 100mmHg unless there are signs of pulmonary oedema **Escalate to Rapid Response if no response in SBP after 1000mL of fluid**
	PRESCRIBE and ADMINISTER ANTIBIOTICS WITHIN 60 MINUTES **Do not delay for investigations or results** If patient already on antibiotic therapy this **MUST** be reviewed by the Attending Medical Officer
D	**Assess level of consciousness (LOC)** using Alert, Verbal, Pain, Unresponsive (AVPU) If V or less conduct a GCS If P or U reassess Airway, Breathing and Circulation
E	**Examine patient for source of sepsis** Collect appropriate swabs, cultures, chest X-ray, ECG if indicated
F	**Fluid balance** Monitor and document fluid input & output - consider IDC Maintain urine output $\geq$ 0.5 mL/kg/hour
G	**Check Blood Glucose Level:** if > 12mmol/L consider glycaemic control
MONITOR & REASSESS	**Continue monitoring and assess for signs of deterioration:** • Respiratory rate in the Red or Yellow Zone • SBP < 100mmHg • Decreased or no improvement in level of consciousness • Urine output < 0.5mL/kg/hour • Increasing or no improvement in serum lactate

REFER

THIS PATIENT HAS SEVERE SEPSIS OR SEPTIC SHOCK
ESCALATION IN LEVEL OF CARE IS REQUIRED

This patient may need transfer to an Intensive Care Unit

- Discuss the patient's condition with the Attending Medical Officer
- Consider a higher level of care as per local CERS
- Discuss management plan with patient and their family/carers

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