

Adult Sepsis Management Pathway

(Non Neutropenic Sepsis)

Complete and Insert in Patient Notes

Name

Hospital No

DOB

Time (Zero) Now:

Date:

Bleep:

Name:

S
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P
S
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S

Confirmed or Suspected Infection

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Chest | <input type="checkbox"/> Urinary | <input type="checkbox"/> CNS (Meningitis) |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Unknown _____ | | |

&

At least 2 **SIRS** or **General Variables**

- | | | |
|---|---|--|
| <input type="checkbox"/> HR>90 | <input type="checkbox"/> T° >38° or <36°C | <input type="checkbox"/> Acute Confusion |
| <input type="checkbox"/> RR>20 | <input type="checkbox"/> WBC>12 or <4 | <input type="checkbox"/> Raised CRP |
| <input type="checkbox"/> BMs: >7.7 mmol/L in Non Diabetic | | |

YES

Within 1st Hour of Diagnosis

- | | | | |
|--|--------------------------------------|------------------------------|---------------|
| <input type="checkbox"/> Lactate | <input type="text"/> | <input type="text"/> | Stat Abx Time |
| <input type="checkbox"/> Antibiotic | <input type="text"/> | | |
| <input type="checkbox"/> Iv Access | <input type="checkbox"/> Blood Gases | <input type="checkbox"/> CXR | |
| <input type="checkbox"/> Blood Cultures – 2 sets (Ideally Prior to antibiotic administration) | | | |
| <input type="checkbox"/> Bloods: FBC / U&E / LFTs / CRP / INR / BMs | | | |
| <input type="checkbox"/> BP: Aim for urine output (UOP) of > 0.5ml / kg / hr | | | |
| <input type="checkbox"/> Oxygen: Aim for SATS 88-92 in type 2 Respiratory failure or COPD and 94-98 in others | | | |
| <input type="checkbox"/> Hourly MEWS | | | |

Now Check Below for any signs of Severe Sepsis

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E
V
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R
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Any Features of **Severe Sepsis?** (i.e. End Organ Dysfunction)

Mortality 20 - 35%

- Lactate > 2
- Creatinine > 177 µmol/L or
- Creatinine of > 45 µmol/L over baseline
- Oliguria <0.5mls/kg/hr for >2hrs
- Altered Mental State
- Platelets<100
- BP Low<90 systolic
- Bilirubin>35 µmol/L
- INR>1.5
- Hypoxia pO2<8.0


YES

to be reviewed by SpR / Cons

NO

Observe Hourly
Inform Senior
if **NOT** improving

Within 3 hrs of Diagnosis

- Ensure** all above steps have been Completed **And**
- Source Control**
- Consider **Urinary Catheterisation**  Infection Risk
- Fluid Resuscitate** with either Saline or Hartmans.
- Unless CCF / HF give 1st Litre as Stat and fluid boluses **30mls/kg/hr** of Crystalloid or equivalent if Hypotensive or Lactate > 4mmol / L
- Repeat Lactate** in 1hr
- Half Hourly MEWS**
- Refer to ITU / Critical Care if Lactate Not improving or deteriorating

Now Check Below for any signs of Septic Shock

S
H
O
C
K

Septic Shock

Mortality Very High 40-60%

As above and **Profound Hypotension (BP less than 90 Systolic)**
Hypotension Resistant to Fluid Challenges

- Ensure** all above steps have been Completed **&**
- Urgent** referral to ITU / Critical Care
- Continue** with aggressive Fluid Resuscitation
- Consider Central Venous Access
- Urinary Catheterisation

15 min MEWS