Adult sepsis pathway for use in all emergency departments and inpatient wards
Use relevant febrile neutropenia guidelines if the patient has haematology/oncology diagnosis
Use relevant nephrology guidelines for renal dialysis patients

ARE YOU CONCERNED THAT YOUR PATIENT COULD HAVE SEPSIS?
Consider the following risk factors
- Re-presentation within 48 hours
- Recent surgery or wound
- Indwelling medical device
- Age > 65 years
- Immunocompromised

Absence of risk factors does not exclude sepsis as a cause of deterioration

Does your patient have any new onset of the following signs and symptoms of infection?

- Fever or rigors
- Dysuria/frequency
- Cough/sputum/breathlessness
- Indwelling medical device
- Recent surgery or wound
- Re-presentation within 48 hours

Consider the following risk factors

ARE YOU CONCERNED THAT YOUR PATIENT COULD HAVE SEPSIS?

Does the senior clinician consider the patient has sepsis?

Look for other common causes of deterioration and treat

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

Review treatment/management

- Discuss with AMO
- Document plan to continue, change or cease antibiotics
- Document decision/diagnosis and management plan in the health care record
- Re-evaluate for sepsis if observations remain abnormal or deteriorate

Continue to monitor as per patient’s condition – observations, medical review, antibiotics
**Rapid Response**

**MALE**

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BINDING MARGIN - NO WRITING

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Facility: Sepsis recognition

**RESUSCITATE**

Emergency Department Patient

Department Patient

Inpatient Ward: _________________________

Circulation - Vascular access, blood/culture collection, fluid resuscitation and antibiotics

- Assess and administer oxygen if required; aim SpO₂ ≥ 95% (or 88-92% for COPD)
- Consider commencement of vasopressors
- Order and collect other investigations
- Document investigations and cultures collected:

- **Flow Resuscitation** (intravenous or intracessous)
  - Use crystalloid
  - Aim Bystolic Blood Pressure >100mmHg
  - Monitor for signs of pulmonary oedema and review at risk patients more frequently

- **Monitor and Reassess**
  - Continue monitoring, assess for signs of deterioration and escalate as per local CERS
  - Urine output < 0.5mL/kg/hour
  - Serum lactate level of ≥ 2mmol/L (or increasing) or no improvement after adequate fluid resuscitation may be indicative of septic shock
  - Consider other causes of deterioration

Blood cultures (at least two sets) and other relevant cultures should be collected PRIOR to antibiotic administration. However in patients with severe sepsis or septic shock, if difficult to obtain cultures do not delay administration of antibiotic(s). Refer to local Antimicrobial Stewardship policies/procedures regarding antibiotic instructions. Consult Infectious Diseases Physician or Clinical Microbiologist if required.

Use CEC Adult Antibiotic Guideline for Severe Sepsis & Septic Shock or locally endorsed antibiotic prescribing guideline

Prescribe and administer antibiotics within 60 MINUTES of sepsis recognition

Use locally endorsed antibiotic prescribing guideline

Prescribe and administer antibiotics promptly in a timeframe directed by senior clinician (must be within 2 hours)

Disability - Assess level of consciousness (LOC) using Alert, Voice, Pain, Unresponsive (AVPU)

- Manage as per local guidelines

Exposure - Re-examine the patient for other potential sources of infection to guide further investigations

- Manage as per local guidelines

Fluid - Monitor/document strict fluid input/output and consider IDC (if not already inserted)

Check Blood Glucose Level - Manage as per local guidelines

- Manage as per local guidelines

If no improvement Intensive Care may be required

- Update the Attending Medical Officer on the patient’s condition using ISBAR
- Discuss the management plan with the patient and their family/carers
- Sepsis management plan documented by a medical officer in the health care record as per page 4 (over)

Name: ___________________ Designation: ___________________ Signature: ___________________