Summary of changes: Adult Sepsis Pathway (2024)

The Clinical Excellence Commission (CEC) have revised the adult, maternal, paediatric and neonatal sepsis pathways to align with the national Sepsis Clinical Care Standard and current evidence-based guidelines. Improvements were also made in response to recommendations from NSW clinicians and expert working groups.

This document provides a summary of the changes to the CEC Adult Sepsis Pathway. Further resources to support local implementation are available on the CEC website.

Section	Change
OVERVIEW	The sepsis pathway is a clinical decision support tool for initial sepsis recognition and management. The sepsis management plan (previously Page 4) has been removed in response to feedback from NSW Health clinicians. The ongoing sepsis management should now be documented in the respective patients' health care record, be discussed with the Attending Medical Officer (AMO) and communicated with the clinical team. Management plans should include close observation and frequency of vital sign monitoring, any repeat investigations (e.g. lactate, cultures) and plans to review and revise antimicrobial treatment.
RECOGNISE (Page 1)	Revised wording to define use of the pathway and exclusions.
	Added "Could it be sepsis?" as a key prompt; aligns with sepsis NSW messaging and the Sepsis Clinical Care Standard.
	Added definition of sepsis and time-critical medical emergency.
	Revised the signs and symptoms of infection to include "looks very unwell", "hypothermia", "change in behaviour or altered mental state, delirium", "unexplained pain", "diarrhoea and vomiting", "non-blanching rash" and "rising white cell count (WCC) or CRP if known".
	Added "Aboriginal and Torres Strait Islander people" as a high-risk and vulnerable population group for sepsis.
	Added patient, carer, or family concern as a risk factor.
	Added "known infection not responding to treatment" and "re-presentation, deterioration or no improvement with the same illness" as greater risk of cognitive bias / diagnostic anchoring.
	Added "Commence A-G systematic assessment and document full set of vital signs observations".

Summary of changes: Adult Sepsis Pathway (2024)

Section	Change
RESPOND & ESCALATE (Page 1)	Added “Does the patient have signs of organ dysfunction?” and inclusion of early signs to align with international guidance.
	Added lactate to Yellow Zone and Red Zone criteria.
	Removal of Base Excess measurements.
	Changed terminology from “Severe Sepsis” to “probable” and “possible” sepsis to align with sepsis definition.
RESUSCITATE (Page 2)	Removed triage data collection section.
	Updated formatting to include action list of interventions rather than A-G structure.
	Added visual clock cues to support timing of critical interventions.
	Added “Call for expert assistance after 2 failed attempts at cannulation and prepare for intraosseous access”.
	Added “Point of care test if available” to prompt sites to use point of care testing devices where available.
	Removed procalcitonin and coagulation profile pathology on the initial order set. These tests can be optionally taken if clinically relevant.
	Added cautionary statement “do not wait for test results” to prevent delays to commencing treatment.
	Revised advice on fluid resuscitation and added monitoring of response to treatment.
	Added link to Therapeutic: Antibiotics Guidelines as recommended treatment guidance.
REASSESS AND REFER (Page 2)	Updated advice on repeat lactate to reassess response to treatment and/or monitor for signs of deterioration.
	Added guidance on vital sign monitoring and fluid balance.