




Clinical suspicion of infection?

YES



Sepsis Screen Required

Identify which of the following 4 groups the patient belongs to and escalate appropriately.


INEWS ≥ 4
(or ≥ 5 on O_2)
"Think SEPSIS"

(Exercising Clinical Judgment)

1 At risk of neutropenia

(bone marrow failure, autoimmune disorder, treatment including but not limited to chemo/radiotherapy).

1

Follow the **'Febrile Neutropenia'** pathway if on chemo/radiotherapy.

Note: these patients may present without fever

2 Any 1 of the following signs of acute organ dysfunction:

- Altered Mental State
- RR > 30
- O_2 sat < 90%
- SBP < 90
- HR > 130
- Mottled or ashen appearance
- Non-blanching rash
- Other organ dysfunction

2

3 ≥ 2 SIRS criteria

- RR ≥ 20
- HR > 90
- T > 38.3°C or < 36°C
- BSL > 7.7 mmol/l (in non-diabetic patient)

3

PLUS ≥ 1 co-morbidity

4

No co-morbidity

Medical review within minimum 30min (follow INEWS escalation protocol)

Follow usual INEWS escalation protocol

START SEPSIS FORM

Co-morbidities associated with increased mortality with Sepsis

Age ≥ 75 years | Frailty | Diabetes Mellitus | Cancer | COPD | Chronic kidney disease | Chronic liver disease
HIV/ AIDS infection | Immunosuppressed | Major trauma and surgery in the past 6 weeks