

SEPSIS

A life-threatening condition triggered by infection that affects organ function.

It is treated most effectively if recognised early

So who needs to get the Sepsis 6? Patients with infection +1,2 or 3

Patients who present unwell who are at risk of neutropenia,

e.g. on

anti-cancer

treatment.

2

Any 1 of the following signs of acute organ dysfunction:

- Altered Mental State
- RR > 30
- O_2 Sat < 90%
- SBP < 100
 - HR > 130
 - Mottled or ashen appearance
 - Non-blanching rash
 - Other organ dysfunction

3

Patients with co-morbidities plus ≥ 2 Modified SIRS criteria

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

Co-morbidities:

- 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

Just by doing these six simple things in the 1st hour you can double your patient's chance of survival

Sepsis 6

Take 3

Bloods Cultures (before 1 dose antimicrobial)

Blood tests
(including POC Lactate)

Urine Output (as part of perfusion status assessment)

Give 3

Oxygen (if required)

I.V. Fluid (if deficit)

I.V. Antimicrobials (local guidelines)

1ST HOUR BUNDLE:

• Sepsis 6 completed $(O_2, Fluids, Antimicrobials, Cultures, Tests, UOP)$

Assess your patient's response

3-HOUR BUNDLE:

- Diagnosis and treatment reviewed with blood and other test results
- Sepsis/Septic shock diagnosed and documented as appropriate
- Lactate repeated if 1st abnormal
- Assess need for Source Control
- Patient care escalated to specialist care as required

6-HOUR BUNDLE:

- Patient diagnosis and treatment reviewed
- Is your patient responding, stablising or deteriorating?
- Pressors commenced in patients with fluid resistant shock

For more information go to www.hse.ie/sepsis





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