



ED Sepsis Algorithm

(Exercising Clinical Judgment)



EMERGENCY
MEDICINE



Screening and Medical Review – 1 hour

Sepsis Screen at Triage
Likely infection
Check for 1, 2 or 3

1 At risk of neutropenia, e.g. on chemotherapy/ radiotherapy

2 Clinical evidence of **new onset** organ dysfunction

3 Systemic inflammatory response (≥ 2 SIRS) plus ≥ 1 co-morbidity

Actions
Screen Positive

1. Triage Category 2
2. Place sepsis form with documentation

Actions
Screen Negative

1. Follow usual management pathway
2. Re-assess if deteriorates

Medical Review
History & examinations supports infection as likely cause of presentation
This is Time Zero

By 1 hour

Complete Sepsis 6 Bundle

Give antimicrobials as per local antimicrobial guideline
Assess for source control

Hypotension:
SBP < 90 mmHg or > 40 mmHg drop from baseline or MAP < 65 mmHg
Hypoperfusion:
Tachycardia
Vasoconstriction
Oligouria
Lactate ≥ 2 mmol/L
Refer to fluid resuscitation algorithm for adults with sepsis

Urgent Anaesthetic/ Critical Care review for: Fluid resistant Shock, Respiratory failure, Purpuric rash

By 3 hours

Assess patient's clinical status

Review blood tests and other investigations.
Repeat lactate if 1st abnormal.
Continue fluid resuscitation as indicated

Review differential diagnosis

Escalate for source control or Critical Care as indicated

Infection and organ dysfunction – **This is SEPSIS**
On pressors – **This is SEPTIC SHOCK**

Infection no organ dysfunction
This is INFECTION
Usual treatment pathway

Aetiology unclear + Organ dysfunction
Continue IV antimicrobials until senior review

Non-infective aetiology
STOP antimicrobials

Complete and sign the Sepsis Form.
Put with clinical notes if patient admitted.