In-Patient Sepsis Algorithm

(Exercising Clinical Judgment)

Sepsis Screen

NEWS ≥ 4 (or ≥ 5 on oxygen) and suspicion of infection
Check for 1, 2 or 3

Actions

Screen Positive

1. Escalate as per NEWS protocol
2. Place sepsis form with documentation

Screen Negative

1. Follow usual management pathway
2. Usual NEWS escalation protocol

Medical Review

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

Complete Sepsis 6 Bundle

Give antimicrobials as per local antimicrobial guideline
Assess for source control

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

Assess patient’s clinical status

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

Review differential diagnosis

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

Escalate for source control or Critical Care as indicated

Complete and sign the Sepsis Form

Assess clinical, haematological and biochemical response to treatment

Follow local antimicrobial guideline

Improving
Follow “Start Smart then Focus” policy

No change
Review diagnosis and treatment, check for source control

Deteriorating
Urgent senior input.
Review diagnosis and treatment.
Consider microbiology review.
Consider Critical Care review.