



In-Patient Sepsis Algorithm

(Exercising Clinical Judgment)



Screening and Medical Review – 1 hour

Sepsis Screen
INEWS ≥ 4 (or ≥ 5 on oxygen) and suspicion of 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. Escalate as per INEWS escalation and response protocol
- 2. Place sepsis form with documentation

Actions
Screen Negative

- 1. Follow usual management pathway
- 2. Usual INEWS escalation and response protocol

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

or

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.
Ensure early senior involvement

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

Daily Review

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. Ensure senior involvement

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