SEPSIS

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@SepsisUK

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
Vice President, Global Sepsis Alliance
WHO Technical Expert Group

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SEPSIS is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

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NEW YORK STATE 2019

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Characteristic	Level	Sepsis Cases (N)	Sepsis Cases (%)	Sepsis Cases Per 100,000
Age	18-29	1,944	2.7%	58.7
	30-39	2,726	3.7%	100.4
	40-49	4,131	5.7%	166.9
	50-59	9,428	12.9%	347.0
	60-69	15,606	21.4%	662.1
	70-79	17,548	24.0%	1314.4
	80+	21,667	29.7%	2653.3
Total	**Total**	**73,050**	**100.0%**	**464.5**

NEW YORK STATE 2019

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Characteristic	Level	Sepsis Cases (N)	Sepsis Cases (%)	Sepsis Cases Per 100,000
Age	< 1 year	148	23.7%	65.2
	1-2	89	14.3%	19.3
	3-5	58	9.3%	8.3
	6-11	120	19.2%	8.7
	12-17	209	33.5%	14.8
Total	**Total**	**624**	**100.0%**	**14.9**

SOURCES OF INFECTION

Source	% of cases (approx.)
Pneumonia	50%
Urinary tract	20%
Abdomen	15%
Skin, soft tissue, bone and joint	10%
Endocarditis	1%
Device-related infection	1%
Meningitis	1%
Others	2%

‘MIGHT BE’ SEPSIS CODES

J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
K65.0	Generalised peritonitis
L03.9	Cellulitis, unspecified
L03.1	Cellulitis of limb
N39.0	Urinary tract infection

‘MIGHT BE’ SEPSIS CODES

J18.0
J18.1
J18.9
K65.0
L03.9
L03.1
N39.0

1,700,000 CASES

(HES data 2017)

Embargoed for Release Until
17:01, JANUARY 16th, 2020

New study - deadly sepsis rates double prior estimates

Poor countries and children hit hardest as nearly 50m cases recorded annually worldwide

Study confirms that sepsis is likely cause of 11 million deaths worldwide – that's a life lost every three seconds

GLOBAL SEPSIS MORTALITY

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Sepsis
11 M
*

Ischaemic Heart Disease
7.2M
(CDC 2015)

Cancer
9.6M
(WHO 2018)

Tobacco
8M
(WHO 2019)

COVID-19: 6.8 M
(JHU Feb 2023)

*Rudd K, Lancet 2020

G7 Health Ministers Commit to Boost the Implementation of the WHA 70.7 Resolution on Sepsis

Five years after the adoption of the Resolution "Improving the Prevention, Diagnosis and Clinical Management of Sepsis" by the World Health Assembly in 2017, G7 Health Ministers commit to intensify efforts to strengthen early detection, diagnosis, and

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Recognizing Sepsis as a Global Health Priority — A WHO Resolution

Konrad Reinhart, M.D., Ron Daniels, M.D., Niranjan Kissoon, M.D., Flavia R. Machado, M.D., Ph.D., Raymond D. Schachter, L.L.B., and Simon Finfer, M.D.

"Some very important clinical issues, some of them affecting life and death, stay largely in a backwater which is inhabited by academics and professionals and enthusiasts, dealt with very well

actions to reduce the burden of sepsis through improved prevention, diagnosis, and management (see table).

The true burden of disease arising from sepsis remains unknown.

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Recognizing Sepsis as a Gl… A WHO Resolutio…

Konrad Reinhart…, M.D., Ph.D.,
Raymond D…

"…issues, some of …and death, stay largely in …water which is inhabited by academics and professionals and enthusiasts, dealt with very well

actions to reduce the burden of sepsis through improved prevention, diagnosis, and management (see table).

The true burden of disease arising from sepsis remains unknown.

. . The public and political space is the space in which [sepsis] needs to be in order for things to change."

Sir Liam Donaldson, Geneva ; May 2017

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IF YOU'RE FEVERISH OR SHIVERING
AND FEELING REALLY UNWELL
NHS
JUST ASK "COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION,
BUT IT COULD SAVE LIVES.
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Please support our work by donating now at www.sepsistrust.org

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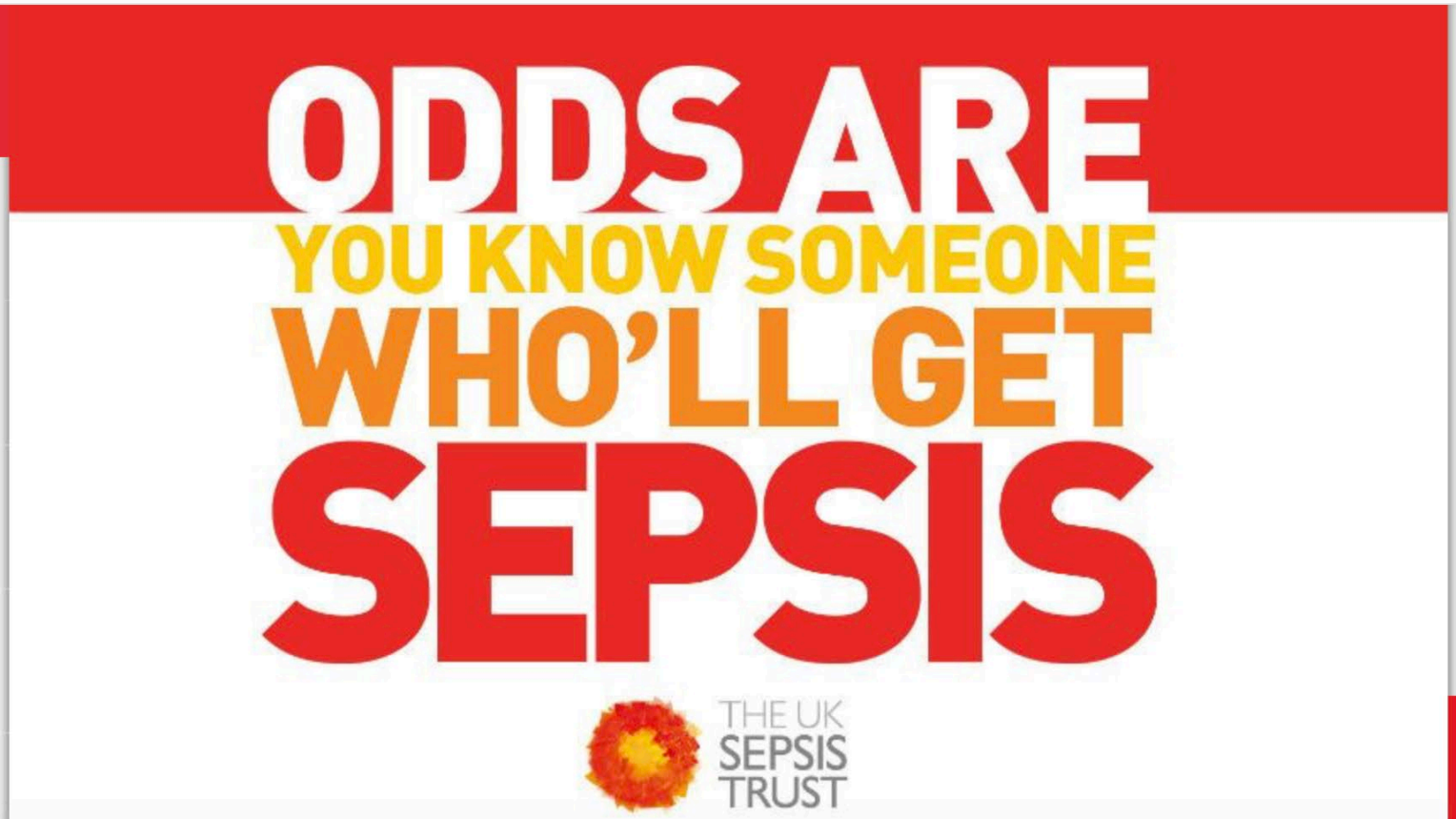
3h ago
James Milner analyses Liverpool's evolution

1d ago
Gallery: More Melwood photos as Reds continue Palace prep

21h ago
LFC to celebrate 100th birthday of Bob Paisley

19h ago
Media Watch: Read the latest LFC transfer rumours




JUST
ASK
COULD
IT BE
SEPSIS?

SCHOOLS AGAINST SEPSIS

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WHAT ARE THE SYMPTOMS?

SYMPTOMS IN CHILDREN

A child may have sepsis if he or she:

- **Is breathing very fast**
- **Has a 'fit' or convulsion**
- **Looks mottled, bluish, or pale**
- **Has a rash that does not fade when you press it**
- **Is very lethargic or difficult to wake**
- **Feels abnormally cold to touch**

SYMPTOMS IN ADULTS

An adult may have sepsis if they show any of these signs:

Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
It feels like you're going to die
Skin mottled or discoloured

JUST ASK "COULD IT BE SEPSIS?"

JUST ASK "COULD IT BE SEPSIS?"

Call 111 or **contact your GP** if you're worried about an infection.
Call 999 or **visit A&E** if someone has one of the sepsis symptoms.

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For people, for better
Registered charity no 281943

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Registered charity no 1158843

The Iceland Foods Charitable Foundation registered charity number 281943. Second Avenue, Deeside Industrial Park, Deeside, Flintshire, CH5 2NW
The UK Sepsis Trust registered charity number (England & Wales) 1158843. Company registration number 8644039. Sepsis Enterprises Ltd.
Company number 9583335. VAT reg. number 225570222

Iceland Foods Charitable Foundation
For people, for better
Registered charity no 281943

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Registered charity no 1158843

SEPSIS

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WHAT ABOUT SURVIVORS?

@sepsisuk

Around 40% of survivors of sepsis suffer at least one of a range of **physical**, **cognitive**, and **psychological** sequelae.

43% of survivors in one study were **still not back at work** at one year.

Poulsen JB, M.ller K, Kehlet H, Perner A. Acta Anaesthesiol Scand. 2009;53(6):724-730

Sepsis can affect ANYONE

Every year …

11 million deaths
(3 every second)

245,000 affected.
48,000 deaths
(5 every hour)

£15.6 Billion
cost to the UK economy

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SUPPORT FOR SURVIVORS

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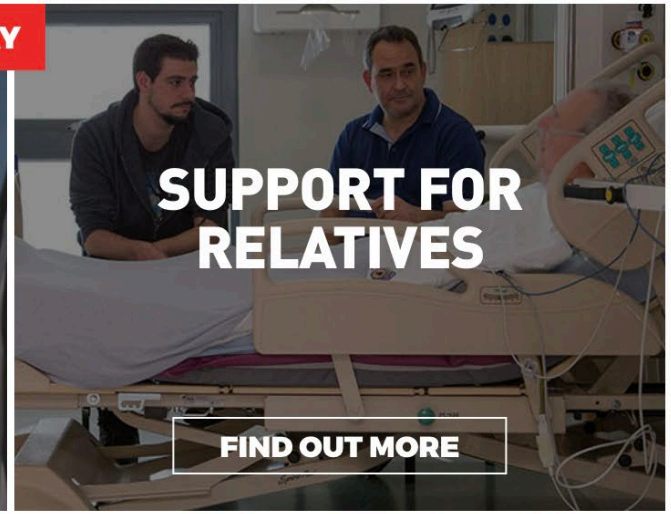

SUPPORT FOR RELATIVES

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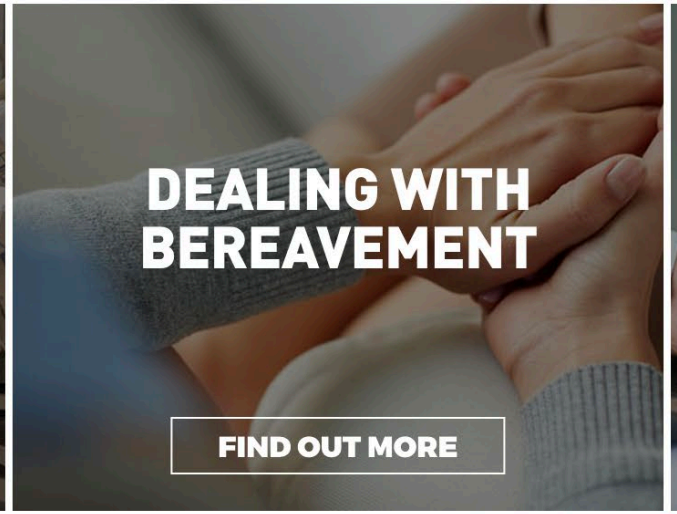

DEALING WITH BEREAVEMENT

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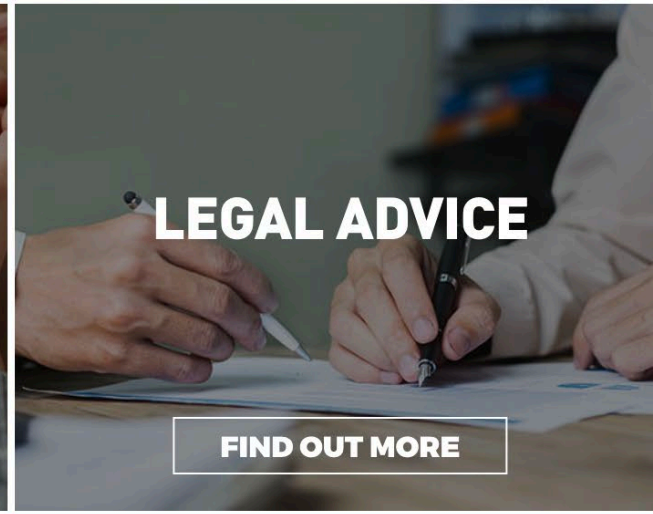

LEGAL ADVICE

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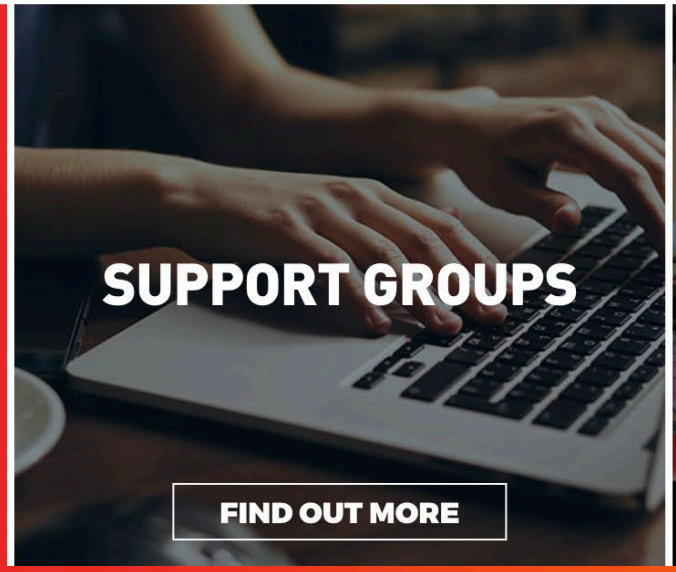

SUPPORT GROUPS

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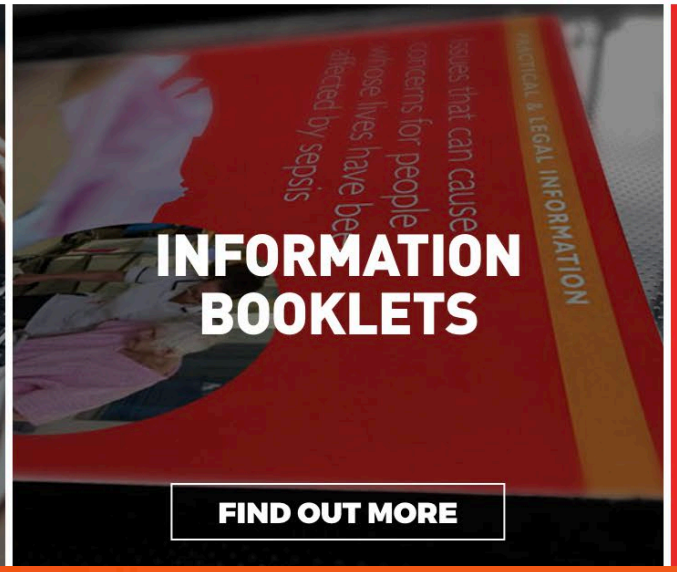


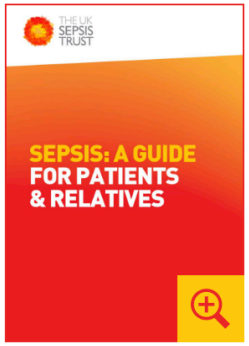
INFORMATION BOOKLETS

FIND OUT MORE

FAQS AND USEFUL LINKS

SEPSIS: A GUIDE FOR PATIENTS & RELATIVES

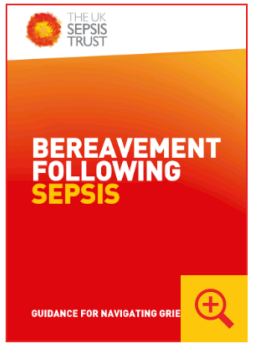
A new comprehensive guide to what sepsis is, its treatment, recovery and how to access support.



DOWNLOAD PDF

BEREAVEMENT FOLLOWING SEPSIS

This booklet has been produced to help and guide those navigating grief following the loss of a loved one to sepsis.



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RECOVERY & WELLBEING DIARY

The UK Sepsis Trust's Recovery and Wellbeing Diary has been created to help enhance your recovery following sepsis and serious infection.

DOWNLOAD PDF

RECOVERY SUPPORTING LETTER

A letter from our Founder and Executive Director Dr Ron Daniels encouraging people to provide the support and validation required to those recovering from sepsis.

RECOVERY AFTER CRITICAL ILLNESS

What you should know after leaving a Critical Care Unit. 1st Edition 2020.

RETURNING TO WORK FOLLOWING CRITICAL ILLNESS

What your employer should know after leaving a Critical Care Unit and returning to work. 1st Edition 2020.

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INTELLIGENT SCREENING?

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Singer M. JAMA 2016

qSOFA CRASHES & BURNS??

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PulmCrit – Bad news for sepsis-3.0: qSOFA fails validation

October 1, 2016 by Josh Farkas — 9 Comments

Sepsis 3.0 replaced the SIRS criteria with a new risk-stratification tool, qSOFA. qSOFA was initially developed *within* the Sepsis-3 publication itself. Until now, qSOFA has never been validated. The value of qSOFA vs. SIRS remains controversial.

Churpek 2016: qSOFA, SIRS, and early warning scores for detecting clinical deterioration in infected patients outside the ICU.

Surviving Sepsis Campaign

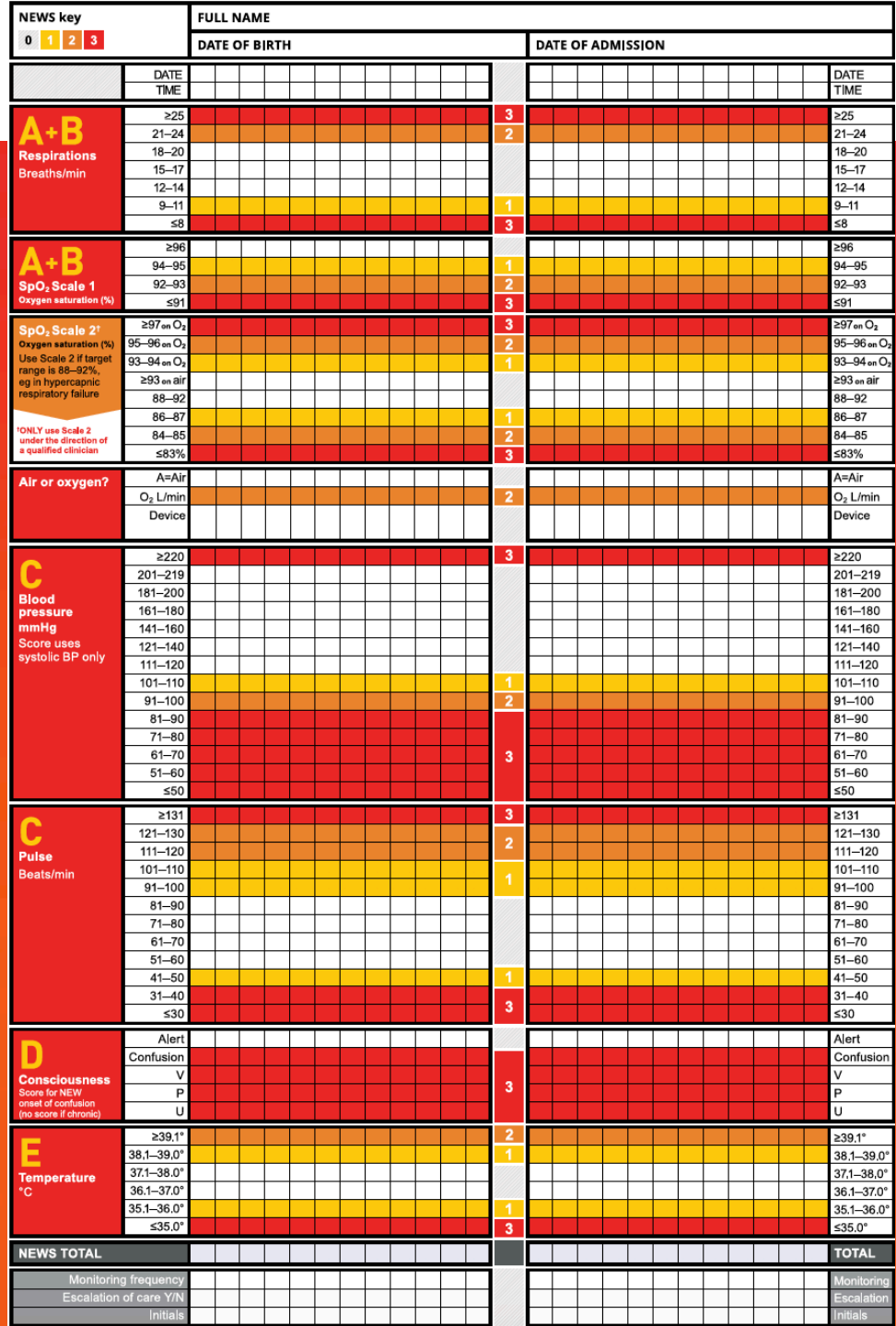
Screening for sepsis

PICO Question	2021 Recommendation	Recommendation Strength and Quality	Change from 2016
In acutely ill patients should we use qSOFA criteria to screen for the presence of sepsis?	**We recommend against using qSOFA compared with SIRS, NEWS, or MEWS as a single-screening tool for sepsis or septic shock.**	Strong, moderate-quality evidence	New recommendation

NEWS2

Second version, created by Royal College of Physicians

NHS recommends ‘Think Sepsis’ if total NEWS2 is 5 or above



NEWS key 0 1 2 3	FULL NAME		
	DATE OF BIRTH	DATE OF ADMISSION	

	DATE / TIME		DATE / TIME
A+B Respirations Breaths/min	≥25	3	≥25
	21–24	2	21–24
	18–20		18–20
	15–17		15–17
	12–14		12–14
	9–11	1	9–11
	≤8	3	≤8
A+B SpO_2 Scale 1 Oxygen saturation (%)	≥96		≥96
	94–95	1	94–95
	92–93	2	92–93
	≤91	3	≤91
SpO_2 Scale 2† Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure †ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2	3	≥97 on O_2
	95–96 on O_2	2	95–96 on O_2
	93–94 on O_2	1	93–94 on O_2
	≥93 on air		≥93 on air
	88–92		88–92
	86–87	1	86–87
	84–85	2	84–85
	≤83%	3	≤83%
Air or oxygen?	A=Air		A=Air
	O_2 L/min	2	O_2 L/min
	Device		Device
C Blood pressure mmHg Score uses systolic BP only	≥220	3	≥220
	201–219		201–219
	181–200		181–200
	161–180		161–180
	141–160		141–160
	121–140		121–140
	111–120		111–120
	101–110	1	101–110
	91–100	2	91–100
	81–90	3	81–90
	71–80		71–80
	61–70		61–70
	51–60		51–60
	≤50		≤50
C Pulse Beats/min	≥131	3	≥131
	121–130	2	121–130
	111–120		111–120
	101–110	1	101–110
	91–100		91–100
	81–90		81–90
	71–80		71–80
	61–70		61–70
	51–60		51–60
	41–50	1	41–50
	31–40	3	31–40
	≤30		≤30
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert		Alert
	Confusion	3	Confusion
	V		V
	P		P
	U		U
E Temperature °C	≥39.1°	2	≥39.1°
	38.1–39.0°	1	38.1–39.0°
	37.1–38.0°		37.1–38.0°
	36.1–37.0°		36.1–37.0°
	35.1–36.0°	1	35.1–36.0°
	≤35.0°	3	≤35.0°
NEWS TOTAL			TOTAL
Monitoring frequency			Monitoring
Escalation of care Y/N			Escalation
Initials			Initials

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SEPSIS SCREENING TOOL ACUTE ASSESSMENT

AGE 12+

PATIENT DETAILS:

DATE: **TIME:**

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR NEWS2 IS 5 OR ABOVE

RISK FACTORS FOR SEPSIS INCLUDE:

- ☐ Age > 75
- ☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- ☐ Recent trauma / surgery / invasive procedure
- ☐ Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

YES

LIKELY SOURCE:

- ☐ Respiratory
- ☐ Brain
- ☐ Urine
- ☐ Surgical
- ☐ Skin / joint / wound
- ☐ Other
- ☐ Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

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YES

03 ANY RED FLAG PRESENT?

- [ ] Objective evidence of new or altered mental state
- [ ] Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- [ ] Heart rate ≥ 130 per minute
- [ ] Respiratory rate ≥ 25 per minute
- [ ] Needs O_2 to keep SpO_2 ≥ 92% (88% in COPD)
- [ ] Non-blanching rash / mottled / ashen / cyanotic
- [ ] Lactate ≥ 2 mmol/l
- [ ] Recent chemotherapy
- [ ] Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

YES

RED FLAG SEPSIS

START

SEPSIS SIX

SEPSIS SCREENING TOOL - THE SEPSIS SIX

AGE 16+

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PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

COMPLETE ALL ACTIONS WITHIN ONE HOUR

01 ENSURE SENIOR CLINICIAN ATTENDS

NOT ALL PATIENTS WITH RED FLAGS WILL NEED THE 'SEPSIS 6' URGENTLY. A SENIOR DECISION MAKER MAY SEEK ALTERNATIVE DIAGNOSES/ DE-ESCALATE CARE.

TIME ☐☐:☐☐

02 GIVE OXYGEN IF REQUIRED

START IF O2 SATURATIONS LESS THAN 92% - AIM FOR O2 SATURATIONS OF 94-98%
IF AT RISK OF HYPERCARBIA AIM FOR SATURATIONS OF 88-92%

TIME ☐☐:☐☐

03 SEND BLOODS INCLUDING CULTURES

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP AND CLOTTING LUMBAR PUNCTURE IF INDICATED

TIME ☐☐:☐☐

04 GIVE IV ANTIBIOTICS, THINK SOURCE CONTROL

TIME ☐☐:☐☐

MAXIMUM DOSE BROAD SPECTRUM THERAPY
CONSIDER: LOCAL POLICY / ALLERGY STATUS / ANTIVIRALS
EVALUATE NEED FOR IMAGING/ SPECIALIST REVIEW
IF SOURCE AMENABLE TO DRAINAGE ENSURE ACHIEVED AS SOON AS POSSIBLE BUT ALWAYS WITHIN 12H

05 GIVE IV FLUIDS

TIME ☐☐:☐☐

GIVE IN DIVIDED FLUID BOLUSES OF 500ml
NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

06 MONITOR

TIME ☐☐:☐☐

USE NEWS2. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER
REPEAT LACTATE AT LEAST HOURLY IF INITIAL LACTATE ELEVATED OR IF CLINICAL CONDITION CHANGES

RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

RECORD ADDITIONAL NOTES HERE:

e.g. allergy status, arrival of specialist teams, de-escalation of care, delayed antimicrobial decision making, variance from Sepsis Six

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BARRIERS

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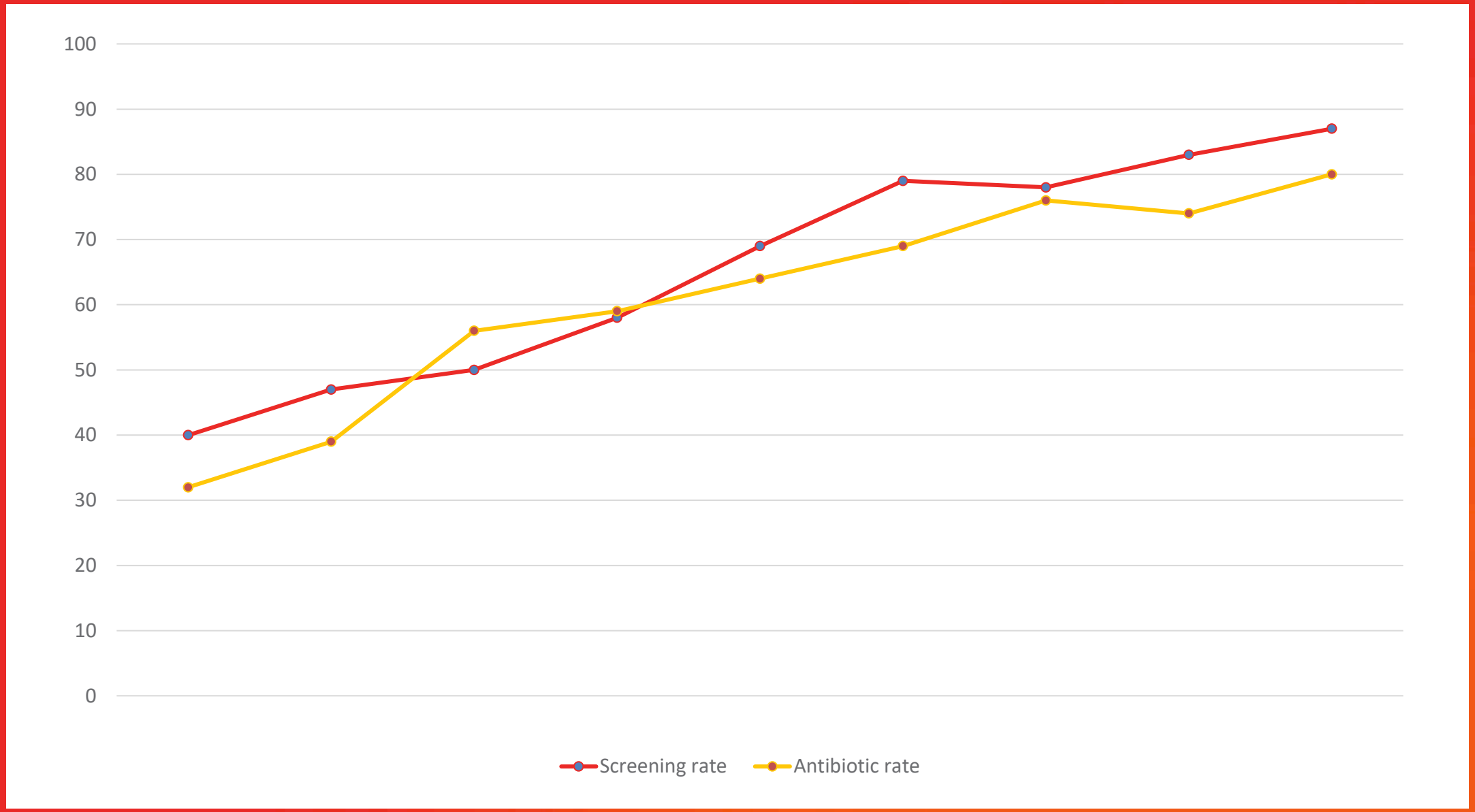
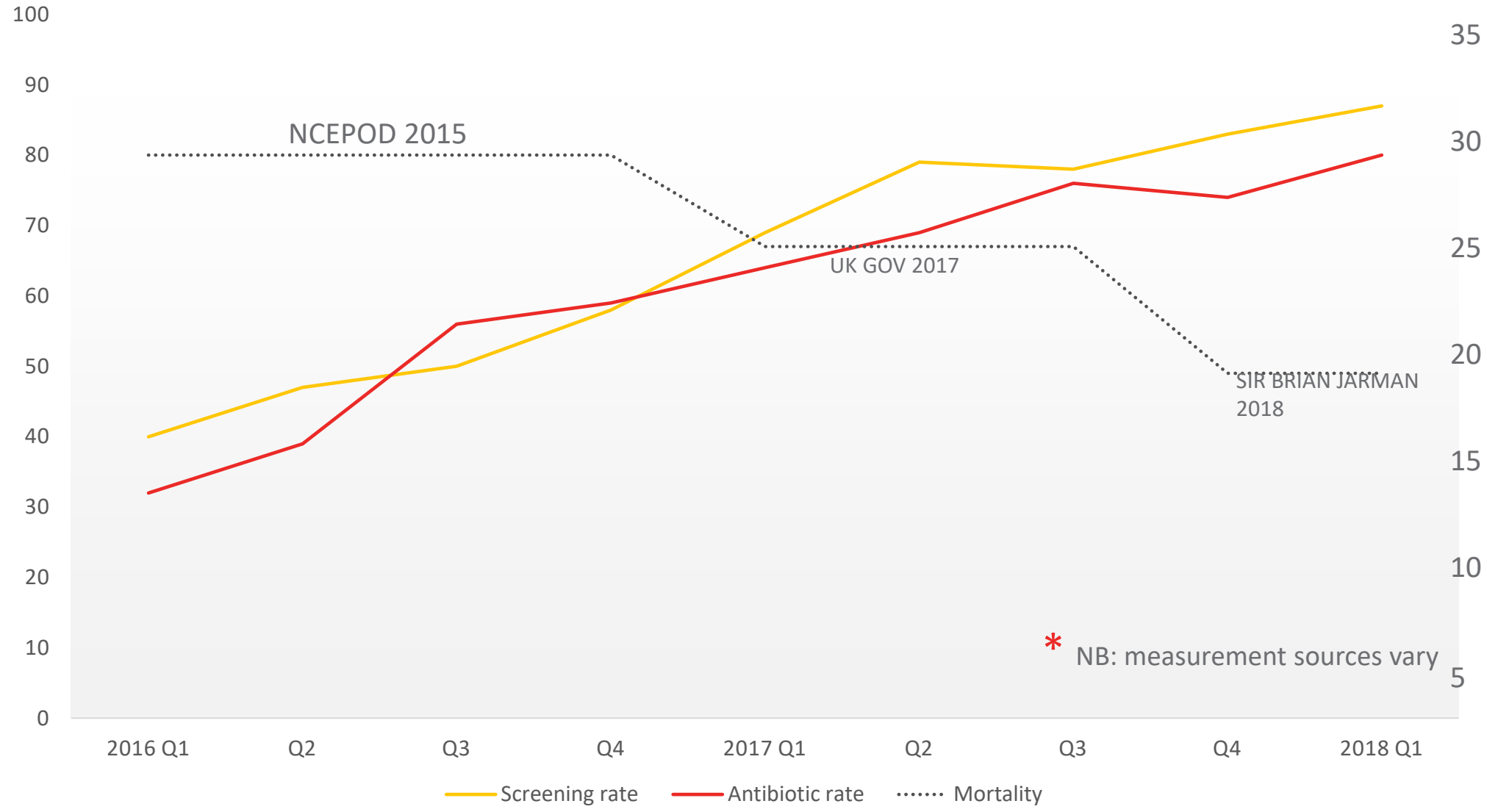
NHS ENGLAND CQUIN DATA



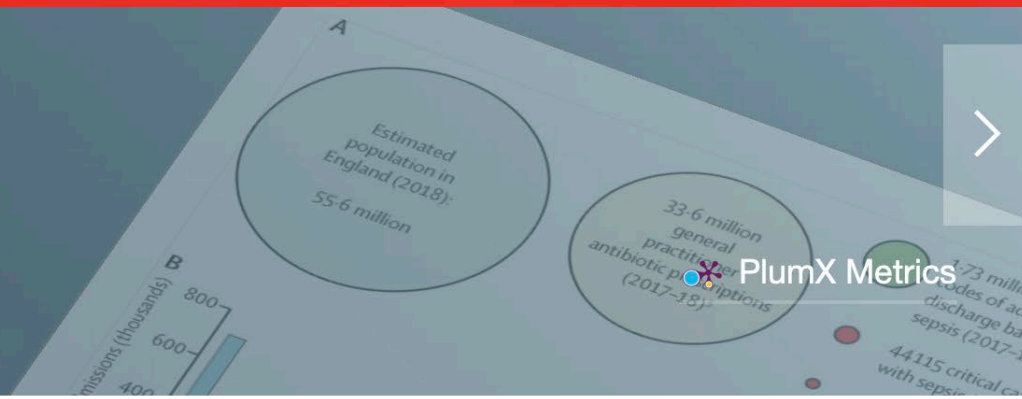
OVERLAID WITH EST^{D} MORTALITY*



Sepsis hysteria: excess hype and unrealistic expectations

Mervyn Singer • Matt Inada-Kim • Manu Shankar-Hari

Published: October 26, 2019 • DOI: https://doi.org/10.1016/S0140-6736(19)32483-3



References

Uncited Reference

Article Info

Figures

"Sepsis kills over 52 000 every year—each death a preventable tragedy", tweeted Matt Hancock, UK Secretary of State for Health and Social Care, in March, 2019.[1] Many other non-contextualised or fictitious claims regularly fill media pages and airwaves, creating a distorted picture of sepsis epidemiology and unrealistic expectations of outcomes. This hype has generated an unhealthy climate of fear and retribution in both the UK and the USA. Patients and families fear the so-called hidden killer and their confidence in health-care providers is undermined. Hospitals are criticised, penalised, and litigated against for failing to give patients antibiotics within 1 h of presumptive diagnosis. Doctors are reported for not giving antibiotics to patients they deem non-infected. It is thus worth

RPS DATA FOR ENGLAND

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DDDs	IV AB in ED depts	Annual Growth %	IV broad spectrum AB in ED (4C antibiotics plus carbapenems and pip-tazo)	Annual Growth %	IV AB in hospitals per 1000 admissions excl day case	Annual Growth %	IV broad AB in hospitals per 1000 admissions excl day case	Annual Growth %	Total AB use / 1000 adm incl daycase	Annual Growth %
FY 2011/12	791,209		320,717		1790		773		4,457	
FY 2012/13	985,263	25%	398,445	24%	1923	7%	842	9%	4,918	10%
FY 2013/14	1,139,211	16%	462,630	16%	2033	6%	885	5%	4,945	1%
FY 2014/15	1,360,263	19%	564,045	22%	2141	5%	940	6%	5,119	4%
FY 2015/16	1,671,524	23%	720,600	28%	2179	2%	949	1%	5,044	-1%
FY 2016/17	1,770,266	6%	734,151	2%	2240	3%	973	3%	5,106	1%
FY 2017/18	2,255,663	27%	906,687	24%	2344	5%	982	1%	5,298	4%
FY 2018/19	2,766,703	23%	1,126,652	24%	2280	-3%	971	-1%	5,191	-2%
Growth since FY1415		103%		100%		6%		3%		1%

RPS DATA FOR ENGLAND

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SEPSIS

A NEW MODEL?

THE UK SEPSIS TRUST

@SepsisUK

SSC 2021

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Guidelines | Published: 02 October 2021

Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021

Laura Evans ✉, Andrew Rhodes, [...] Mitchell Levy

Intensive Care Medicine (2021) | Cite this article

Introduction

Sepsis is life-threatening organ dysfunction caused by a dysregulated host response to infection [1]. Sepsis and septic shock are major healthcare problems, impacting millions of people around the world each year and killing between one in three and one in six of those it affects [2,3,4].[1] Early identification and appropriate management in the initial hours after the development of sepsis improve outcomes.

Surviving Sepsis Campaign

ABOUT SSC + GUIDELINES AND BUNDLES + TOOLS & EDUCATION +

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Antibiotic Timing

Shock is present

Shock is absent

	Shock is present	Shock is absent
Sepsis is definite or probable	✔ Administer antimicrobials ***immediately***, ideally within 1 hour of recognition.	✔ Administer antimicrobials ***immediately***, ideally within 1 hour of recognition.
Sepsis is possible	✔ Administer antimicrobials ***immediately***, ideally within 1 hour of recognition.	✔ Rapid assessment* of infectious vs. noninfectious causes of acute illness. ✔ Administer antimicrobials ***within 3 hours*** if concern for infection persists.

**Rapid assessment includes history and clinical examination, tests for both infectious and noninfectious causes of acute illness, and immediate treatment of acute conditions that can mimic sepsis. Whenever possible, this should be completed within 3 hours of*

Statement on the initial antimicrobial treatment of sepsis

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SEPSIS SCREENING TOOL GENERAL PRACTICE

AGE 16+

THE UK SEPSIS TRUST

01 START THIS CHART IF NEWS2 HAS TRIGGERED / YOU'RE WORRIED ABOUT YOUR PATIENT AND THEY'RE LIKELY TO HAVE AN INFECTION

ADDITIONAL FACTORS PROMPTING SCREENING FOR SEPSIS INCLUDE:

- ☐ Carer or relative concern
- ☐ Recent chemotherapy/ known to be neutropenic
- ☐ Evidence of organ dysfunction (e.g. lactate >2mmol/l)

YES

CALCULATE NEWS2 SCORE USING LATEST VITAL SIGNS

02 IS NEWS2 7 OR ABOVE?

OR IS NEWS2 1-4 AND ONE OF:

- ☐ Chemotherapy in last 6 weeks
- ☐ Other organ failure evident (e.g. AKI)
- ☐ Patient looks extremely unwell
- ☐ Patient is actively deteriorating

NO

03 IS NEWS2 5 OR 6?

OR IS NEWS2 1-4 AND ONE OF:

- ☐ Chemotherapy in last 6 weeks
- ☐ Other organ failure evident (e.g. AKI)
- ☐ Patient looks extremely unwell
- ☐ Patient is actively deteriorating

THE UK SEPSIS TRUST

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline

Suspected sepsis in people aged 16 or over who are not and have not recently been pregnant

Draft for consultation, March 2023

This guideline covers the recognition, diagnosis and early management of sepsis for all populations. The guideline committee identified that the key issues to be included were: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training and education.

This guideline will update NICE guideline NG51 (published July 2016)

Who is it for?

THE UK SEPSIS TRUST

YES

03 ANY RED FLAG PRESENT?

- [ ] Objective evidence of new or altered mental state
- [ ] Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- [ ] Heart rate ≥ 130 per minute
- [ ] Respiratory rate ≥ 25 per minute
- [ ] Needs O_2 to keep SpO_2 ≥ 92% (88% in COPD)
- [ ] Non-blanching rash / mottled / ashen / cyanotic
- [ ] Lactate ≥ 2 mmol/l
- [ ] Recent chemotherapy
- [ ] Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
- [ ] NEWS2 score 7 or higher

YES

RED FLAG SEPSIS

START

SEPSIS SIX

MATERNAL TOOL

THE UK SEPSIS TRUST

SEPSIS SCREENING TOOL ACUTE ASSESSMENT

PREGNANT
OR UP TO 6 WEEKS POST-PREGNANCY

PATIENT DETAILS:

DATE: **TIME:**

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR MEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

- ☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- ☐ Recent trauma / surgery / invasive procedure
- ☐ Indwelling lines / IVDU / broken skin

YES

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- ☐ Respiratory
- ☐ Breast abscess
- ☐ Urine
- ☐ Abdominal pain / distension
- ☐ Infected caesarean / perineal wound
- ☐ Chorioamnionitis / ndometriti

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

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03 ANY RED FLAG PRESENT?

YES

- ☐ MEWS score is 8 or higher

or any one of:

- ☐ Objective evidence of new / altered mental state
- ☐ Non-blanching rash / mottled / ashen / cyanotic
- ☐ Lactate ≥ 2 mmol/l*
- ☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

*lactate may be raised in & immediately after normal delivery

YES

RED FLAG SEPSIS

START MATERNAL

SEPSIS SIX

04 ANY AMBER FLAG PRESENT?

NO

- ☐ MEWS score is 5 or higher

or any one of:

- ☐ Acute deterioration in functional ability
- ☐ Has had invasive procedure in last 6 weeks
- ☐ Temperature < 36°C
- ☐ Has diabetes or gestational diabetes
- ☐ Close contact with GAS
- ☐ Prolonged rupture of membranes
- ☐ Bleeding / wound infection
- ☐ Offensive vaginal discharge
- ☐ Non-reassuring CTG / fetal tachycardia >160
- ☐ Behavioural / mental status change

YES

SEND FULL SET OF BLOODS

ENSURE MIDWIFE IN CHARGE REVIEWS WITHIN 15 MINS & ST3+ WITHIN 60 MINS

IF ANTIMICROBIALS NEEDED, GIVE THESE AND ACHIEVE SOURCE CONTROL WITHIN 3 H

I have prescribed antimicrobials ☐

This patient does not require antimicrobials as:

- I don't think this patient has an infection ☐
- Patient already on appropriate antimicrobials ☐
- Escalation is not appropriate ☐
- Other_____

Name: _____ Date: _____

Grade: _____ Time: ☐☐:☐☐

COMPLETE ALL ACTIONS WITHIN ONE HOUR

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01 ENSURE SENIOR STAFF ATTEND

OBSTETRICIAN, MIDWIFE, ANAESTHETIST. SENIOR DECISION-MAKERS MAY IDENTIFY ALTERNATIVE DIAGNSOSES/ SPEED OR DE-ESACALATE CARE. RECORD DECISIONS BELOW

NAME: GRADE:

TIME □□:□□

02 OXYGEN IF REQUIRED

START IF O_2 SATURATIONS LESS THAN 92% - AIM FOR O_2 SATURATIONS OF 94-98%
IF AT RISK OF HYPERCARBIA AIM FOR SATURATIONS OF 88-92%

TIME □□:□□

03 SEND BLOODS INCLUDING CULTURES

BLOOD CULTURES, BLOOD GLUCOSE, LACTATE, FBC, U&Es, CRP, CLOTTING.
Consider other samples as indicated, e.g. urine, lumbar puncture, pus

TIME □□:□□

04 GIVE IV ANTIBIOTICS, CONSIDER DELIVERY

CHOOSE ANTIBIOTIC & DOSE ACCORDING TO LOCAL GUIDELINES.

SENIOR DECISION-MAKERS SHOULD DETERMINE OPTIMAL TIMING OF DELIVERY IF APPROPRIATE.

CONSIDER URGENT CONTROL OF OTHER SOURCES OF INFECTION E.G. ABSCESS

TIME □□:□□

05 GIVE IV FLUIDS

GIVE IN DIVIDED FLUID BOLUSES OF 250-500ml, ASSESS RESPONSE AFTER EACH BOLUS.

TIME □□:□□

06 MONITOR

USE MEWS. MEASURE URINARY OUTPUT: THIS MAY REQUIRE A URINARY CATHETER. CTG AS INDICATED. REPEAT LACTATE AT LEAST ONCE PER HOUR IF INITIAL LACTATE ELEVATED OR IF CLINICAL CONDITION CHANGES

TIME □□:□□

RED FLAGS AFTER ONE HOUR – ESCALATE TO CONSULTANT NOW

SEPSIS

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Imagine an integrated ecosystem of devices, empowerment & communication.

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INFECTION MANAGEMENT COALITION

whitepaper

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INFECTION MANAGEMENT COALITION MEMBERS

Antibiotic Research UK · ABHI · abpi Bringing medicines to life · BD · BIOMÉRIEUX · BIVDA · British Society for Antimicrobial Chemotherapy · A. Menarini Farmaceutica Internazionale SRL · Pfizer · Roche · ThermoFisher Scientific · The UK Sepsis Trust

INFECTION MANAGEMENT COALITION

whitepaper

1. OUTBREAK AND PANDEMIC PREPAREDNESS

including global systems surveillance, and a renewed focus on the research and development of new antibiotics.

2. INFECTION PREVENTION

including screening, sanitation, buildings and systems design, hygiene, healthy living, and vaccination.

3. RAPID RECOGNITION, DIAGNOSIS AND TREATMENT OF TIME-CRITICAL VIRAL AND BACTERIAL INFECTIONS

through public awareness, improved diagnosis, recognition and treatment

4. ANTIMICROBIAL STEWARDSHIP

including streamlined therapeutic pipeline, clear deployment of effective antimicrobial prescribing, rapid diagnostics including pathogen

SEPSIS

THE UK SEPSIS TRUST

TOGETHER WE CAN SAVE THOUSANDS OF LIVES