

Name _____
 DOB _____
 Hosp. No _____

ADULT SEPSIS PATHWAY

Triggering for sepsis on: At: By: _____ Grade / Band: _____

If at any time systolic BP \leq 70 mmHg / not recordable or lactate \geq 4 mmol/L
 Call ICU SpR immediately and start immediate actions

1 SCREEN FOR SEPSIS	2 IMMEDIATE ACTIONS	3 TREAT SHOCK AGGRESSIVELY
<p>Any clinical evidence of infection or at increased risk of an infection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Urinary tract <input type="checkbox"/> Abdomen / Pelvic <input type="checkbox"/> Indwelling catheter / line / device <input type="checkbox"/> Skin / soft tissue / bone / joint <input type="checkbox"/> Meningitis <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Unknown <p>Perform qSOFA; are 2 or more present from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systolic BP < 100 <input type="checkbox"/> RR \geq 22 <input type="checkbox"/> New confusion / GCS < 15 / \downarrow AVPU <p style="text-align: center;">Infection + \geq 2 qSOFA = Sepsis</p> <p>This is a MEDICAL EMERGENCY Begin IMMEDIATE ACTIONS Absence of fever does NOT exclude sepsis</p> <p>Febrile Neutropenia: (See guidelines for criteria) TREAT as sepsis and use pathway, even if not triggering qSOFA.</p> <p>Your patient may still require escalation. Consider starting immediate actions if red flags are present:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HR > 100 <input type="checkbox"/> Lactate \geq 2 <input type="checkbox"/> Non blanching rash/mottled/ashen/cyanotic <input type="checkbox"/> UO < 0.5 ml/kg/hour or anuria > 12 hours <input type="checkbox"/> Clinically suspect sepsis 	<p>Prescribe & administer O2 to keep SpO2 95-98% For all patients (90 - 94% in patients with COPD or 88 - 92% if known type 2 failure)</p> <p>Fluid bolus 500mL Hartmann's STAT</p> <p>Blood cultures 2 Sets from 2 Sites DO NOT DELAY ABx</p> <p>Lactate</p> <p>Antibiotics given Guidelines on reverse</p> <p>Urine output Consider urinary catheter Strict input output monitoring</p> <p>Refer to ICU / CCOT All patients with \geq 2 qSOFA MUST be referred</p>	<p>Any features of septic shock present following immediate actions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systolic BP \leq 90 mmHg <input type="checkbox"/> Lactate \geq 2 mmol/L <p style="text-align: center;">This patient has SEPTIC SHOCK Mortality > 40% Begin ALL ACTIONS BELOW</p> <p>Ensure adequate IV access</p> <p>Repeat fluid bolus 500mL Hartmann's STAT</p> <p>Consider gentamicin Typical dose 7mg/kg</p> <p>Move patient to monitored area Resus if in A&E</p> <p>Repeat lactate</p> <p>Source control Remove infected lines / devices. Consider surgery.</p> <p>Inform your team consultant</p>
	IMMEDIATE	WITHIN 1 HOUR

Once complete **photocopy this document**. File the original in the patient notes AND place the copy in your local sepsis drop box

ANTIMICROBIAL THERAPY FOR SEPSIS

All antimicrobial prescription should be for 24 hours only and then reviewed.

Patient should be discussed with Microbiology team within daylight hours as soon as possible.

Suspected source of sepsis	First line	Non-severe penicillin allergy (eg delayed rash)	Severe penicillin allergy (eg Anaphylaxis, bronchospasm)	Further information
Unsure or unknown source	Co-amoxiclav 1.2g IV TDS with or without Gentamicin 7mg/kg IV OD	Ceftriaxone 2g IV OD with or without Gentamicin 7mg/kg IV OD	Clindamycin 600mg IV QDS plus Gentamicin 7mg/kg IV OD	Administer Gentamicin 7mg/kg IV OD if evidence of haemodynamic instability following initial uid challenge.
Respiratory Tract	Co-amoxiclav 1.2g IV TDS plus Clarithromycin 500mg PO BD for severe CAP CURB score 3-5*	Ceftriaxone 2g IV OD plus Clarithromycin 500mg PO BD	Vancomycin 1g IV BD plus Clarithromycin 500mg PO BD	Ensure CURB-65 score is clearly documented. Follow and complete the 'CAP Care Bundle'. Send pneumococcal and legionella urinary antigen test. *Refer to CAP guidelines/Microguide for CURB score less than 3.
Complicated Urinary Tract	Co-amoxiclav 1.2g IV TDS with or without Gentamicin 7mg/kg IV OD	Ceftriaxone 2g IV OD with or without Gentamicin 7mg/kg IV OD	Ciprofloxacin 400mg IV BD with or without Gentamicin 7mg/kg IV OD	Send MSU. If known history of resistant Gram negative organisms eg ESBL's, give Meropenem - see below. Administer Gentamicin 7mg/kg IV OD if evidence of haemodynamic instability following initial uid challenge.
Intra-abdominal	Co-amoxiclav 1.2g IV TDS with or without Gentamicin 7mg/kg IV OD	Ceftriaxone 2g IV OD plus Metronizadole 500mg IV TDS	Clindamycin 600mg IV QDS plus Gentamicin 7mg/kg IV OD	Administer Gentamicin 7mg/kg IV OD if evidence of haemodynamic instability following initial uid challenge.
Meningitis	Ceftriaxone 2g IV BD	Ceftriaxone 2g IV BD	Chloramphenicol 1g IV QDS	See under 'Sepsis 6'
Neutropaenic sepsis	Piperacillin/tazobactam 4.5g IV QDS	Ciprofloxacin 400mg IV BD plus Vancomycin 1g IV BD	Ciprofloxacin 400mg IV BD plus Vancomycin 1g IV BD	Refer to separate neutropaenic sepsis guidelines.
Skin, Soft Tissue, Bone or Joint	Flucloxacillin 1g IV QDS plus Benzylpenicillin 1.2g IV QDS	Ceftriaxone 2g IV OD	Clindamycin 600mg IV QDS	See under 'Sepsis 6'
History of previous resistant Gram Negative Organisms e.g. ESBL	Meropenem 1g IV TDS	Meropenem 1g IV TDS	Discuss with Microbiology to perform risk assessment around the use of Meropenem	