

Sepsis- Empirical Treatment according to possible source

Always give 1st dose within 1 hour

If penicillin allergy or recent antibiotic treatment in the community, consult microbiology for advice or refer to MicroGuide. Doses may need to be reduced in renal impairment-consult MicroGuide/Pharmacy

If patient fulfills criteria for severe sepsis follow this pathway

If not, please follow CAVUHB guidance on the investigation and management of common infections

Community Acquired Pneumonia (CAP) source

Amoxicillin 2g TDS IV
PLUS

Clarithromycin 500mg BD IV

If at risk of S.AUREUS infection (history of recent flu or chickenpox or ICU admission):
ADD

Flucloxacillin 2g QDS IV

Urinary tract infection (UTI) source

Gentamicin 6mg/kg OD IV
PLUS

Amoxicillin 2g TDS IV

Uncertain CAP or UTI source

Amoxicillin 2g TDS IV
PLUS

Clarithromycin 500mg BD IV
PLUS

Gentamicin 6mg/kg OD IV

Skin and soft tissue infection/cellulitis source

Meropenem 1g TDS IV
PLUS

Clindamycin 600mg QDS IV

If signs of necrotizing fasciitis contact surgeons urgently

Meningitis source

Ceftriaxone 2g OD IV
PLUS

If age >50 years or pregnant or immunocompromised

Amoxicillin 2g 4 hourly IV

"Neutropenic sepsis"

Piperacillin/tazobactam 4.5g TDS IV
PLUS

Amikacin 15mg/kg OD IV

Sepsis-Unknown source

Piperacillin/tazobactam 4.5g TDS IV
PLUS

Gentamicin 6mg/kg STAT IV

Review treatment and microbiology daily to be able to switch to narrower spectrum antibiotic as per culture sensitivities (if available) to complete treatment course (see specific sections for durations)

If you have concerns about the use of gentamicin please consult microbiology; Do NOT OMIT without prior consultation with microbiology.

SEPSIS / SEVERE SEPSIS SCREENING TOOL

Follow NEWS escalation procedure

Are any two of the following SSI criteria present?

- | | |
|---|--|
| <input type="checkbox"/> Temperature <36 or >38.3°C | <input type="checkbox"/> Respiratory rate ≥20/min |
| <input type="checkbox"/> Heart rate >90bpm | <input type="checkbox"/> Acutely altered mental state |
| <input type="checkbox"/> WCC >12 or <4x10 ⁹ /l | <input type="checkbox"/> Hyperglycaemia in the absence of diabetes |

If yes, the patient has SSI

Does your patient have a history or signs suggestive of a new infection?

For example:

- | | |
|---|--|
| <input type="checkbox"/> Cough/ sputum/ chest pain | <input type="checkbox"/> Dysuria |
| <input type="checkbox"/> Abdo pain/ distension/ diarrhoea | <input type="checkbox"/> Headache with neck stiffness |
| <input type="checkbox"/> Line infection | <input type="checkbox"/> Cellulitis /wound infection/ septic arthritis |
| <input type="checkbox"/> Endocarditis | |

If yes, the patient has SEPSIS

Any signs of organ dysfunction?

- | | |
|--|--|
| <input type="checkbox"/> SBP < 90mmHg or MAP <65 | <input type="checkbox"/> Lactate >2mmol |
| <input type="checkbox"/> Urine output <0.5ml/kg/hr for 2 hrs | <input type="checkbox"/> New need for oxygen to keep SpO ₂ >90% |
| <input type="checkbox"/> INR > 1.5 or aPTT >60s | <input type="checkbox"/> Platelets <100 x10 ⁹ /l |
| <input type="checkbox"/> Bilirubin > 34 µmol/l | <input type="checkbox"/> Creatinine >177mmol/l |

If NO, treat for SEPSIS

1. oxygen
2. Blood cultures
3. IV antibiotics
4. Fluid therapy
5. Serum lactate & Hb
6. Hourly urine output monitoring

Reassess for SEVERE SEPSIS with hrly observations

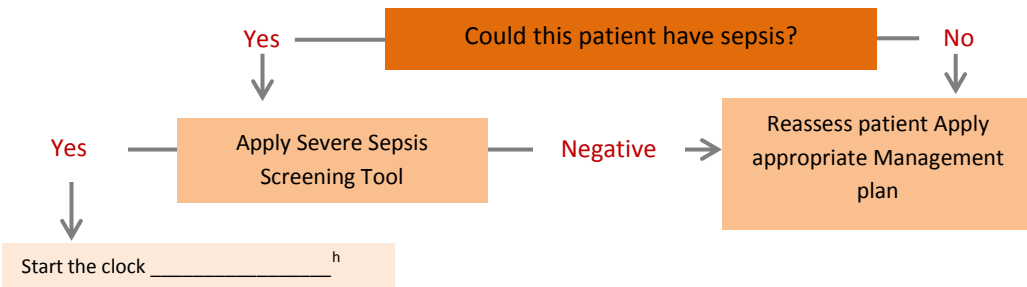
If YES, patient has SEVERE SEPSIS

Start SEVERE SEPSIS PATHWAY

Document to be kept in patient's notes

Patient name _____ PID _____ Date _____ Ward _____

Severe Sepsis Care Pathway - First Hour Care Duties



Sepsis Six	Time	Initial	Reason not done or result
1. Oxygen: high flow 15l/min via non-rebreathe mask. Target saturations > 94%			
2. Blood cultures: take at least one set plus all relevant blood tests eg FBC, U&E, LFT, clotting, glucose. Consider urine/ sputum/ swab samples.			
3. IV antibiotics as per trust guidelines			
4. Fluid resuscitate: if hypotensive give boluses of 0.9% saline or Hartmann's 20 ml/kg up to a max of 60ml/kg			
5. Serum lactate and Hb: (ABG analyser: MAU/EU/ICU) Ensure Hb > 70g/l			
6. Consider urinary catheter and commence fluid balance			

Plus

Referral to Critical Care. Do you need to discuss with your consultant –on-call first?			
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Please think before referring is this episode reversible? Have all the above been completed and the patient reviewed within one hour and a PMH/Co-morbidity history taken?

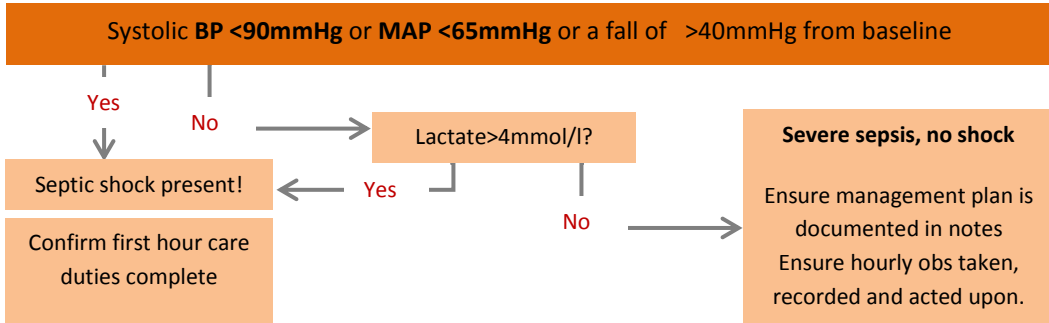
One hour time check: All steps done? Yes No

Name _____ Sig _____

Designation _____ Bleep No. _____

Patient name _____ PID _____ Date _____ Ward _____

6 Hour Resuscitation Bundle (assisted care)



	Time	Initial	Reason not done or result
1. Ensure patient has received adequate fluid resuscitation : boluses of 20ml/kg 0.9% saline or Hartmann's to a max of 60ml/kg			
2. If still shocked (low BP/ low urine output/ high lactate) Ensure Critical Care attend urgently			
3. If still shocked (<i>low BP/ low urine output/ high lactate</i>) insert central venous catheter under USS guidance (only if competent; otherwise seek help)			
4. Aim to achieve CVP 8-12mmHg with Care, Check CVP Monitor			
5. Take heparinised sample from central line (use ABG syringe): check ScvO2 >70%			
6. Ensure Hb >70g/l : consider transfusion if necessary			
7. Consider noradrenaline if still shocked or dobutamine if ScvO2 < 70%			

6 hour time check: All steps done? Yes No

Name _____ Sig _____

Designation _____ Bleep No. _____