

Sepsis-3 Adult ED Sepsis Management Algorithm



EMERGENCY
MEDICINE



Pre-Assessment Screen

'Think Sepsis at Triage' algorithm

Suspicion of infection?

NO

Sepsis screen not required

Yes – screen for high risk of sepsis → 1,2 or 3

1

At risk of neutropenia, e.g.
on chemotherapy/radiotherapy
Start Sepsis Form

2

Clinical evidence of **new onset** single
organ dysfunction
Start Sepsis Form

3

Co-morbidities PLUS ≥ 2 modified SIRS
Start Sepsis Form

Yes to high risk of sepsis → Category 2

No to high risk of sepsis → Category 3

1hr from
Time Zero

- Medical examination supports infection – this is 'Time Zero'
- **Start Sepsis Six 1 hour bundle**

ACTIONS

Complete Sepsis Six within 1 hour

TAKE 3

- Blood cultures
- Blood tests
- Urine output

GIVE 3

- Oxygen
- IV fluids
- Antimicrobials

Use local antimicrobial guideline

By 3 hours from
Time Zero

By 3hr - Patient Review

- Confirm or out-rule sepsis diagnosis.
- Assess response to 'Sepsis 6' bundle.
- Repeat Lactate if 1st abnormal
- Continue fluid resuscitation as required to restore tissue perfusion
- Escalate care if deteriorating or septic shock

DETERIORATION ACTIONS

- Seek senior input
- Review diagnosis & treatment
- Consider source control

By 6 hours from
Time Zero

By 6hr - Patient Review

- Start pressors if haemodynamic stability not achieved with IV fluids
- Critical care consult for patients with acute organ failure
- Document septic shock if requiring pressors to achieve MAP ≥ 65mmHg

DETERIORATION ACTIONS

- Review diagnosis, treatment and need for source control with senior input and results of tests and investigations
- Critical Care consult for acute organ support if required
- Consider Microbiology review for complex cases

Daily Review

Response to treatment

- Improvement – follow 'Start Smart then Focus' Policy
- No change – review diagnosis & treatment and consider source control
- Deterioration – consider 'Deterioration Actions' under 6hr Patient Review

Antimicrobial Management

Review diagnosis with laboratory & radiology results and:

- Stop – if alternate diagnosis or no evidence of infection
- Change antimicrobials - narrow or broaden spectrum as indicated by clinical response and culture result
- Continue - review in 24 hrs

Daily Review