Sepsis-3 Adult In-Patient Sepsis Management Algorithm

RECOGNISE SEPSIS · ENHANCE SURVIVAL

Pre-Assessment Screen

NEWS ≥ 4 (or ≥ 5 on oxygen)
Or Exercising clinical judgement

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Suspicion of infection? → NO
Sepsis screen not required

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

1 At risk of neutropenia, e.g. on chemotherapy/radiotherapy

2 Clinical evidence of **new onset** organ dysfunction

3 Co-morbidites PLUS ≥ 2 modified SIRS

Yes - *Start Sepsis Form*

No - Usual management

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   GIVE 3
- Blood cultures   • Oxygen
- Blood tests   • IV fluids
- Urine output   • 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

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*

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