



SEPSIS is a:

“Life threatening organ dysfunction caused by an abnormal host response to infection”



- In the UK
 - 245,000 people are affected by sepsis every year
 - 5 people die with sepsis every hour (The UK Sepsis Trust, 2022)



Symptoms – Spot the signs

ADULTS

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

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assing no urine (in a day)
- S**evere breathlessness
- I**t feels like you're going to die
- S**kin mottled or discoloured

JUST ASK "COULD IT BE SEPSIS?"

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**

A child under 5 may have sepsis if he or she:

- 1.** Is not feeding
- 2.** Is vomiting repeatedly
- 3.** Has not passed urine for 12 hours



Anybody can get sepsis but those who are at greater risk include:

- Very old / Very young
- Immunosuppressed
- Certain drug therapies
- Invasive procedures & lines
- Multiple co-morbidities
- Trauma
- Pregnant/recently given birth

Screening

NEWS 2

- ≥ 5 or ≥ 3 in 1 parameter

or

- Cause for concern
- Does the patient look sick
- Could this patient be neutropenic

 Is any one **RED FLAG** present?

- Systolic BP ≤ 90 mmHg (or drop > 40 from normal)
- Lactate ≥ 2 mmol/l
- Heart Rate ≥ 130
- Respiratory Rate ≥ 25
- Needs oxygen to maintain SpO₂
- Responds only to Voice/Pain/Unresponsive
- Non-blanching rash/mottled/cyanotic
- Not passed urine in 18 hours or urine output ≤ 0.5 ml/kg/hr
- Neutropenic or at risk



Escalate & Start Sepsis 6

Sepsis 6 Care Bundle

Give 3 Take 3

THE SEPSIS SIX

1. Give O₂ to keep SATS above 94%
2. Take blood cultures
3. Give IV antibiotics
4. Give a fluid challenge
5. Measure lactate
6. Measure urine output

JUST ASK
"COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.

Give 3	Take 3
<p>1. OXYGEN: Titrate O₂ to saturations of 94 -98% or 88-92% in chronic lung disease.</p>	<p>1. CULTURES: Take blood cultures <i>before giving antimicrobials</i> (if no significant delay i.e. >45 minutes) and consider source control.</p>
<p>2. FLUIDS: Start IV fluid resuscitation if evidence of hypovolaemia. 500ml bolus of isotonic crystalloid over 15mins & give up to 30ml/kg, reassessing for signs of hypovolaemia, euvolaemia, or fluid overload.</p>	<p>2. BLOODS: Check point of care lactate, FBC, U&E, LFTS, +/- Coag.</p> <p>Other tests and investigations as per history and examination.</p>
<p>3. ANTIMICROBIALS: Give IV antimicrobials according to local antimicrobial guidelines.</p>	<p>3. URINE OUTPUT: Assess urine output and consider urinary catheterisation for accurate measurement in patients with severe sepsis/septic shock.</p>



Sepsis is a killer

Further information and resources:

- E-learning via your ESR login
- Classroom session - dates on ESR/Bulletin
- Policies:
 - Early Recognition and Management of Adult Patients with suspected sepsis including Neutropenic Sepsis
 - Sepsis and Septic Shock Initial Management of
- [Home - Sepsis Trust](#)

Suspect it...
...Say it

