

CMG 38 – SEPSIS

(Reviewed: January 2019)



- Does the patient have risk factors or signs and symptoms of infection?**
- chest: cough, SOB, pneumonia
 - urine: dysuria, frequency, odour
 - abdomen: pain, diarrhoea, distension
 - neuro: ↓mental alertness, neck stiffness, headache
 - cellulitis / septic arthritis / wound infection
 - recent surgery / invasive procedure
 - indwelling medical device
 - immunocompromised
 - history of fever / rigors

- Does the patient have 2 or more of the following?**
(adult vital signs – for paediatrics refer to appropriate paediatric reference card)
- respiratory rate ≤ 10 or ≥ 25 / minute
 - SpO₂ <95%
 - systolic BP ≤ 100 mmHg
 - pulse ≤ 50 or ≥ 120 / minute
 - altered LOC or change in cognitive status
 - temperature $\leq 35.5^{\circ}\text{C}$ or $\geq 38.5^{\circ}\text{C}$
 - blood lactate $>2\text{mMol/l}$

**IF YES,
THE PATIENT HAS SEPSIS AND NEEDS TO
BE ASSESSED FOR SEVERE SEPSIS.**

- If sepsis identified, does the patient have any of the following?**
- systolic BP ≤ 90 mmHg
 - >65 years old
 - immunocompromised
 - blood lactate $\geq 4\text{mMol/l}$

**IF YES,
THE PATIENT HAS SEVERE SEPSIS OR SEPTIC SHOCK**

MANAGEMENT		
ICP	Oxygen (aim for SpO ₂ $\geq 95\%$)	AP
ICP	Monitor: ECG, SpO ₂ , BGL, lactate	AP
ICP	Bolus normal saline – 20ml/kg (check for LVF) Repeat as required Aim for systolic BP of 110mmHg	AP
ICP	If minimal or no improvement with fluid bolus/es: adrenaline infusion (titrated to response)	
ICP	If meningococcal sepsis is suspected, administer ceftriaxone	AP
ICP	EARLY HOSPITAL NOTIFICATION PROMPT TRANSPORT	AP

Fever is a normal and common physiological response, and is often seen in infection. Unless the body temperature is persistently elevated for prolonged periods of time, fever in itself is rarely dangerous. Sepsis is infection plus systemic inflammatory response syndrome.

- RISK ASSESSMENT**
- Not all patients with severe infections are febrile, and not all patients with high fevers have severe infections:
- children will often mount significant febrile response to infection, including simple viral URTI
 - elderly or immunocompromised patients will frequently be normo- or hypothermic
 - fever in immunocompromised patients may be rapidly fatal unless treatment is commenced urgently
 - febrile convulsions may occur in children between 6 months and 6 years of age. Other causes of seizure and fever (e.g. meningitis) must be excluded

- PAEDIATRICS**
- a child who is bradycardic and/or hypotensive is pre-arrest and requires immediate intervention
 - if sepsis is suspected, refer to ACTAS Paediatric Reference Cards for age-appropriate vital signs. Observe for signs of peripheral shutdown / compensation (cold extremities, mottled skin) and treat accordingly.

HYPOTENSION IS A LATE SIGN