

Sepsis-3 Adult ED Sepsis Management Algorithm



EMERGENCY MEDICINE

'Think Sepsis at Triage' algorithm

Pre-Assessment Screen

Suspicion of infection? → NO Sepsis screen not required

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

1 On Chemotherapy/radiotherapy - risk of neutropenia
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

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