

# Sepsis-3 Adult In-Patient Sepsis Management Algorithm



**Pre-Assessment Screen**

NEWS  $\geq 4$  (or  $\geq 5$  on oxygen)  
Or Exercising clinical judgement

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

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

**3** Co-morbidities PLUS  $\geq 2$  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**

|                                   |                  |
|-----------------------------------|------------------|
| <b>TAKE 3</b>                     | <b>GIVE 3</b>    |
| • 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  $\geq 65$ mmHg

**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