Sepsis: Identification of suspected sepsis



Summary

qSOFA

Definition of sepsis and septic shock

- Possible Sepsis Pathway
 - Accelerated Pathway
 - Red Flags
 - SIRS

QSOFA score

- It is an screening tool that helps to identify infected patients who are likely to be septic
- 3 clinical criteria assigning 1 point for each criteria:

Quick

Sepsis Related

Organ

Failure

Assessment

Respiratory Rate ≥22

Mental state: GCS<15

Systolic BP ≤ 100mm Hg

Sepsis VS Septic Shock

- Sepsis is defined as an infection complicated by lifethreatening organ dysfunction due to a dysregulated host response
- Clinical Criteria to consider sepsis:

Suspected Infection +

Change in:

Quick

Sepsis related

Organ

Failure

Assessment

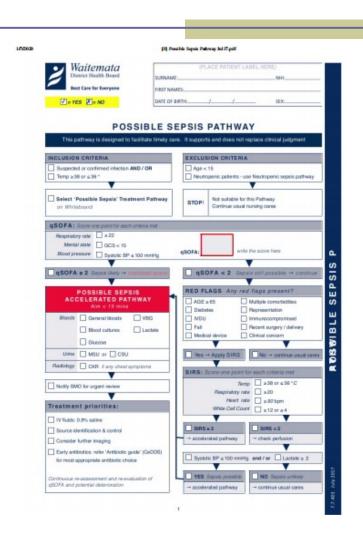
≥2

Septic Shock

- Sepsis associated with a particularly profound circulatory, cellular and metabollic abnormalities
- Can be identify clinically by:
 - Vasopressors requirement to keep MAP of 65 mm Hg
 - Serum Lactate level greater than 2mmol/L after adequate fluid resucitation

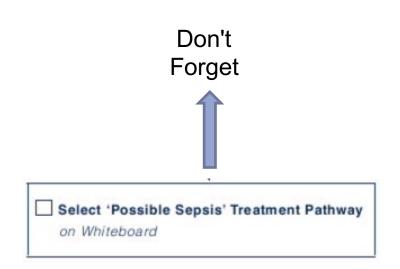
Possible Sepsis Pathway

- Early recognition
- Escalation
- Treatment priorities

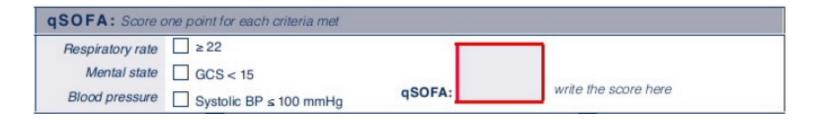


Posible Sepsis Pathway

- Inclusion Criteria
 - Suspected or confirm infection
 - Temp ≥ 38° or ≤ 36°
- Exclusion Criteria
 - Age < 15</p>
 - Neutropenic patients (use Neutropenic Sepsis pathway)



Posible Sepsis Pathway



Possible Sepsis Accelerated Pathway

- Notify SMO for urgent review
- Treatment priorities
 - IV fluids:0.9% NaCl
 - Early antibiotics according to local guidelines
 - Identify source of infection
 - Consider further imaging
 - Monitor space

POSSIBLE SEPSIS ACCELERATED PATHWAY Aim < 15 mins		
Bloods	General bloods	☐ VBG
	Blood cultures	Lactate
	Glucose	
Urine	MSU or CSU	
Radiology	CXR if any chest symptoms	

Red Flags

- Age ≥65
- Diabetes
- IVDU
- Fall
- Medical device
- Multiple comorbidities
- Representation
- Immunocompromised
- Recent surgery/delivery
- Clinical concern

Apply SIRS if any red flag

Sistematic inflamatory response sindrome

4 clinical criteria assigning 1 point for each criteria met

SIRS: Score one point for each criteria met		
Temp	238 or ≤ 36 °C	
Respiratory rate	_ ≥20	
Heart rate	≥ 90 bpm	
White Cell Count	☐ ≥12 or ≤ 4	

Assess perfusion

- Systolic BP ≤100 mmHg
- Lactate ≥ 2

If yes — likely sepsis — Accelerated pathway

If no sepsis unlikely — Continue usual care

Key facts

- Key facts:
 - Affects all age groups
 - Time critical: GOLDEN HOUR
 - At Waitemata DHB 44 patients/month are identified as sepsis and/or septic shock and 8 will die
 - No diagnostic test

References

- 2019 exceptional surveillance of sepsis: recognition, diagnosis and early management (NICE guideline NG51) and acutely ill adults in hospital: recognising and responding to deterioration (NICE guideline CG50)
- Daniels, R. Nutbeam, T. Laver, K. (2007) Survive Sepsis Manual. 1st edition. The Official Training Programme of the Surviving Sepsis Campaign. Available from www.survivingsepsis.org
- The Third International Consensus Definitions for Sepsis and Septic Shock. Singer (2016)
- Waitemata DHB. Adult Inpatient Suspected Sepsis Guidelines. March 2019.
- Emergency Department Survive Sepsis Project. North Shore Hospital.
 Waitemata DHB.