

## Every hour antibiotics are delayed mortality increases by 7.6%

### Could this be sepsis?

For a person of any age with a possible infection:

- Think could this be sepsis? If the person presents with signs or symptoms that indicate infection, even if they do not have a high temperature.
- Be aware that people with sepsis may have non-specific, non-localised presentations (for example, feeling very unwell).
- Pay particular attention to concerns expressed by the person and their family or carer.
- Take particular care in the assessment of people who might have sepsis if they, or their parents or carers, are unable to give a good history (for example, people with English as a second language or people with communication problems).

#### Assessment

Assess people with suspected infection to identify:

- possible source of infection
- risk factors for sepsis (see right-hand box)
- indicators of clinical concern such as new onset abnormalities of behaviour, circulation or respiration.

Healthcare professionals performing a remote assessment of a person with suspected infection should seek to identify factors that increase risk of sepsis or indications of clinical concern.

#### Risk factors for sepsis

- The very young (under 1 year) and older people (over 75 years) or very frail people.
- Recent trauma or surgery or invasive procedure (within the last 6 weeks).
- Impaired immunity due to illness (for example, diabetes) or drugs (for example, people receiving long-term steroids, chemotherapy or immunosuppressants).
- Indwelling lines, catheters, intravenous drug misusers, any breach of skin integrity (for example, any cuts, burns, blisters or skin infections).

#### If at risk of neutropenic sepsis - refer to secondary or tertiary care

- Additional risk factors for women who are pregnant or who have been pregnant, given birth, had a termination or miscarriage within the past 6 weeks.
- gestational diabetes, diabetes or other comorbidities
  - needed invasive procedure such as caesarean section, forceps delivery, removal of retained products of conception
  - prolonged rupture of membranes
  - close contact with someone with group A streptococcal infection
  - continued vaginal bleeding or an offensive vaginal discharge.

#### Sepsis not suspected

- no clinical cause for concern
- no risk factors for sepsis.

Use clinical judgement to treat the person, using NICE guidance relevant to their diagnosis when available.

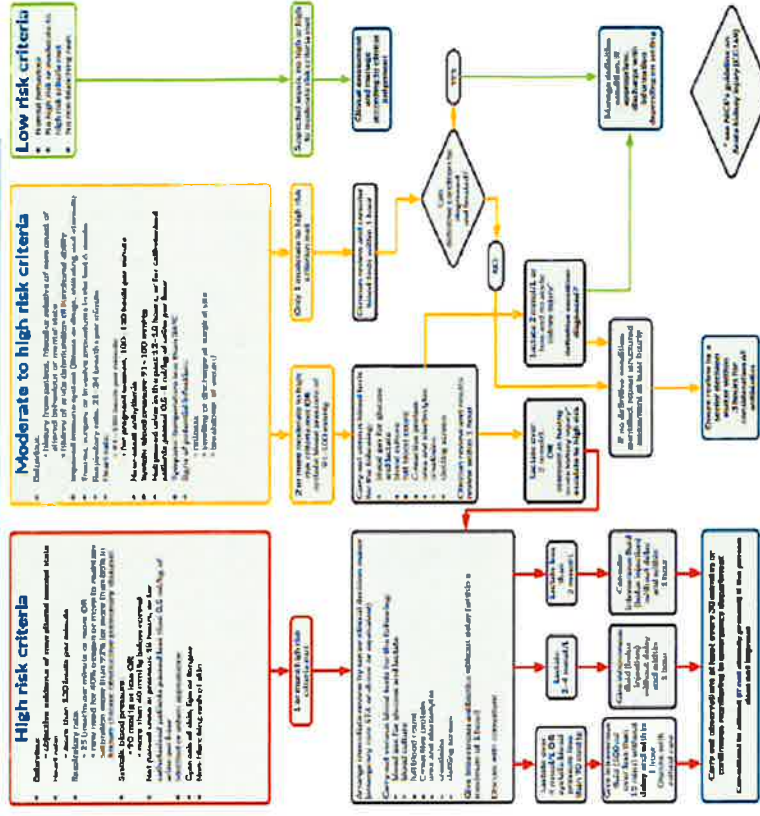
#### SEPSIS SUSPECTED

If sepsis is suspected, use a structured set of observations to assess people in a face-to-face setting. Consider using early warning scores in acute hospital settings.

Parental or carer concern is important and should be acknowledged.

Stratify risk of severe illness and death from sepsis using the tool appropriate to age and setting >>>

### Sepsis risk stratification tool: people aged 18 and over in hospital



<https://www.nice.org.uk/guidance/ng51/resources>

