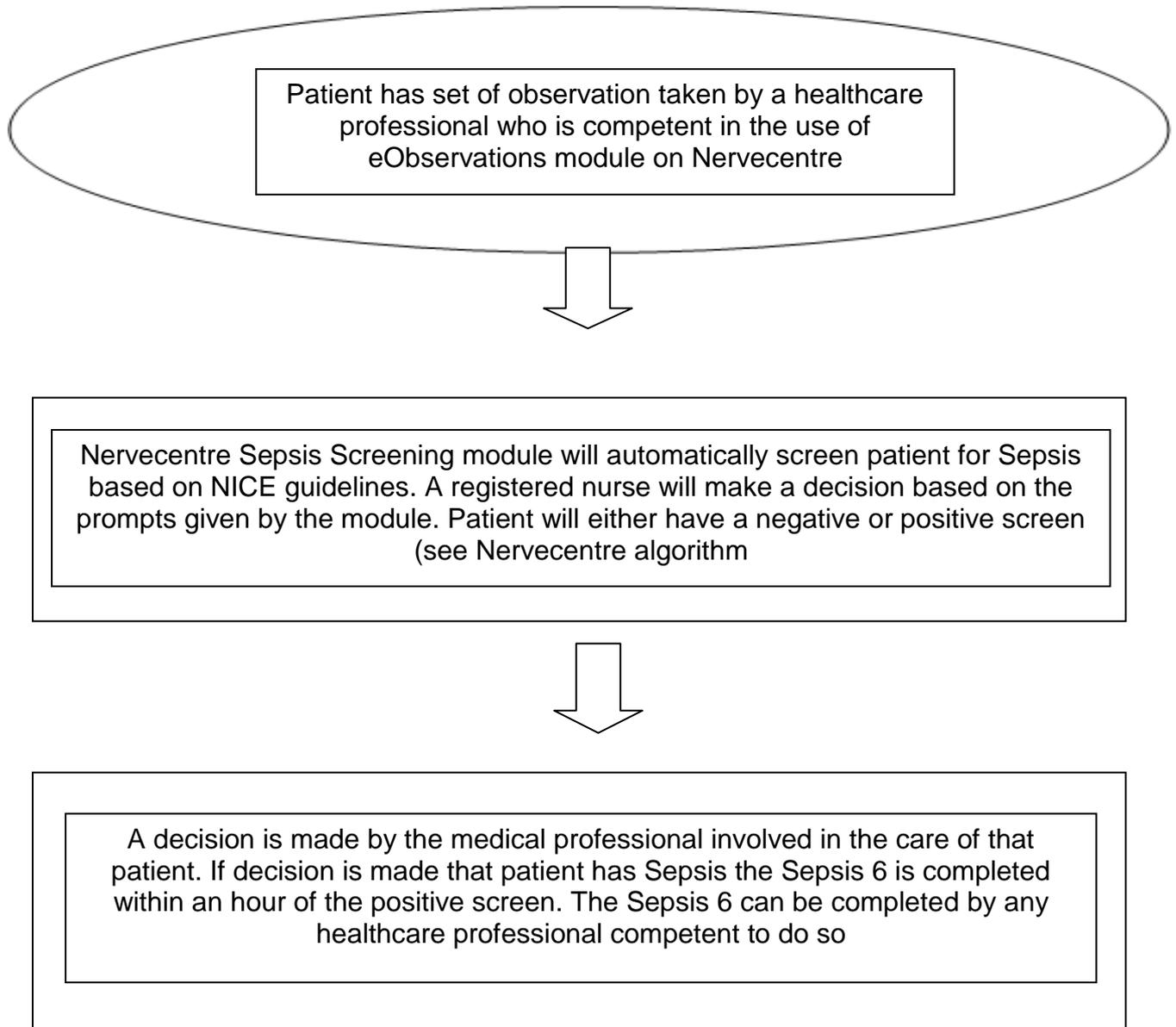


Management of Sepsis in Adult Patients Clinical Guideline

V2.0

April 2019

Summary.



1. Aim/Purpose of this Guideline

1.1. This guideline aims to improve outcomes for adult patients presenting with sepsis or developing sepsis whilst an inpatient, by providing evidence based recommendations for practice. It is intended to be used by both medical and nursing staff.

1.2. For children, peri-natal sepsis or neutropenic sepsis in cancer patients, please refer to the dedicated sepsis guidelines available via the document library.

1.3. It should be noted that the sepsis screen on eObs will not be in use within the Emergency department (ED) at commencement of this guidelines use. There is a screen incorporated into OCEANO which highlights patients that may have or have Sepsis. They will use NICE guidelines to assess and treat adult patients.

1.4. This version supersedes any previous versions of this document.

1.5. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. The Guidance

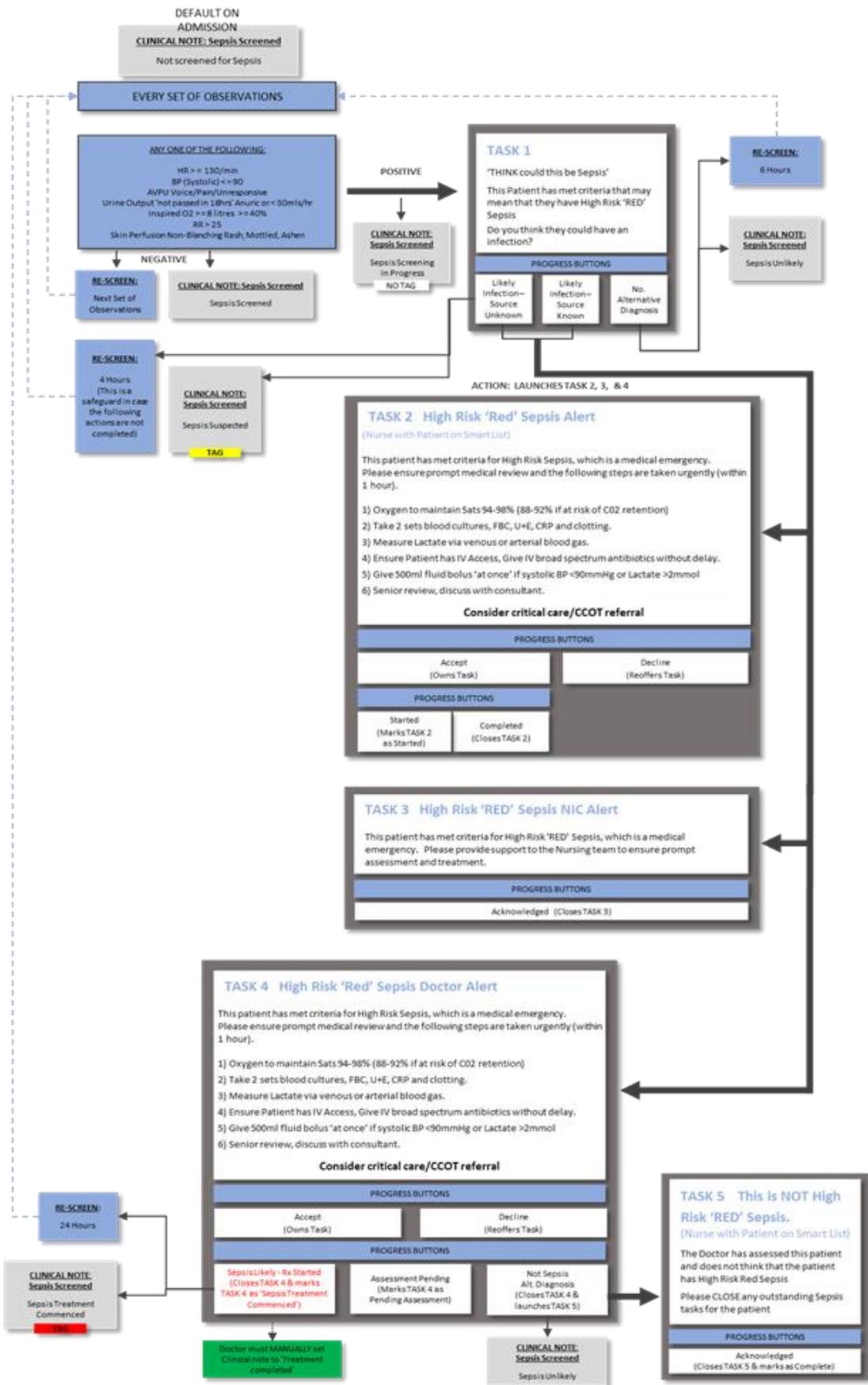
2.1. Sepsis is a life threatening condition that arises when the bodys response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly. It is highly likely that, across the UK, sepsis claims at least 46,000 lives every year, and it may be as high as 67,000. Risk factors for sepsis should always prompt a high suspicion of sepsis. To aid in the diagnostic process it is important to have a set of criteria which indicate the potential for acute illness, and which in the context of infection, should prompt a health care professional to actively look for organ dysfunction. Early intervention has been shown to save lives and reduce length of stay in hospital and the need for Critical Care admission.

2.2. As part of improvements in sepsis screening the Royal Cornwall hospitals Trust (RCHT) has adopted the use of the National Institute for Health and Care Excellence (NICE) guideline for the recognition, diagnosis and early management of Sepsis (NG51). This guideline covers all patient groups. The RCHT, is only adopting the adult part of the guidelines at the time of writing.

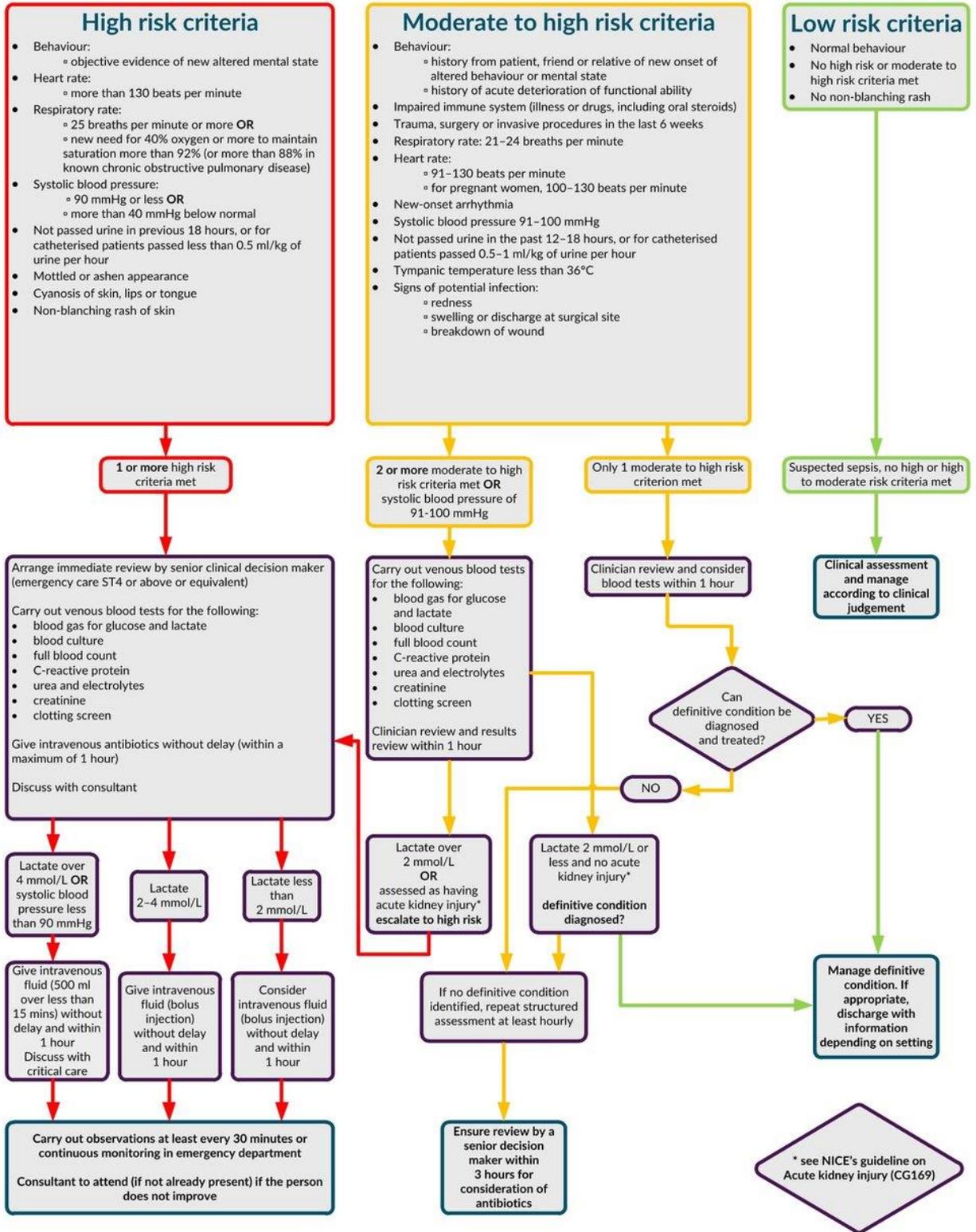
2.3. All patients who have a NEWS score of >5, or any individual NEWS element of >3, should be considered for sepsis. As an enhancement to the adoption of the NICE guidelines THE RCHT has adopted an automatic sepsis screen which is built into the eObservations system which is in place.

2.4. When the observations are inputted into the system a sepsis screen will automatically occur based on the NICE guidelines for adults. See below

2.5. This will lead to a system of prompts – see below



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



2.6. The Sepsis 6 / BUFALO

Sepsis is characterized by organ dysfunction mediated, to a large extent, by a relative lack of oxygen to the cells. The Sepsis 6 is a set of six actions which can be completed by junior health care professionals working as a team. It is simple and effective, and has been shown to increase the chances of survival of a patient if delivered within the first hour following recognition of sepsis. The sepsis 6 includes strategies to control the source of infection and to measure and restore circulation and oxygen delivery..Below is a copy of the BUFALO sticker which needs to be completed and stuck into the patients notes. These can be found on the Ward/Department.

Sepsis six (BUFALO)task list			Date	Time	Sign/Print
B	Blood culture	Minimum x2 sets of blood (1+ venepuncture, 1 from all >24hr-old cannulae). Also sputum and urine +/- CSF, wound swabs, ascites			
U	Urine output	Catheter if unconscious or in retention - otherwise start strict fluid in-put output chart.			
F	Fluids	500ml crystalloid over 15mins. If BP still <90, repeat 250-500ml, contact senior immediately. Severe sepsis aim for 30ml/kg in 1 st hr			
A	Antibiotic	Culture first (except meningococcal sepsis) then ensure immediate administration. Consult antibiotic guidelines. 3-day review at latest.			
L	Lactate	Arterial blood gas for lactate, pH and early electrolytes, FBC, U&E, LFTs, Coag & Glucose. Repeat lactate at 1hr. Transfuse at Hb<70.			
O	Oxygen	15L/min via reservoir-facemask initially. Monitor sats. Reduce oxygen if CO ₂ retention triggers reduced respiratory effort			
Evaluation at 1 hour: NEWS _____ Fluid Vol given _____ Antibiotics _____					
Summary of current position:					
Escalation and other plans: ICU / Therapy limit / Consultant / Other: _____					

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3. Monitoring compliance and effectiveness

Element to be monitored	The use of the SEPSIS 6 (BUFALO)
Lead	Helen Winn Lead Sepsis Nurse Mark Jadav – Consultant overseeing Sepsis in ED Dave Ashton Cleary – Consultant – Deteriorating Patient and Resuscitation Lead
Tool	CQUIN audits – monitoring compliance with sepsis screening and antibiotic use Emergency Department Sepsis Audit – monitoring the use of the Sepsis 6
Frequency	CQUIN Audit – monthly until April 2019. Results reported monthly. Shared monthly A method of audit will be required after put the CQUIN is complete Emergency Department Audit – monthly. Report produced monthly. Shared monthly
Reporting arrangements	Report will go to the Deteriorating Patient Group which will be chaired by Dave Ashton Cleary. Report will be interrogated by the group and results documented via the minutes.
Acting on recommendations and Lead(s)	Deteriorating Patient Group Helen Winn
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Management of Sepsis in Adult Patients Clinical Guideline V3.0		
Date Issued/Approved:	September 2018		
Date Valid From:	April 2019		
Date Valid To:	April 2022		
Directorate / Department responsible (author/owner):	Helen Winn Lead Sepsis Nurse		
Contact details:	07770 315486		
Brief summary of contents	Guideline to the screening and treatment of Sepsis in adults who either present themselves at the hospital or become septic while an inpatient. The implementation of the electronic sepsis screen on eObservations and the implementation of the NICE Guidelines (NG51)		
Suggested Keywords:	Sepsis Adults NICE BUFALO SEPSIS6		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director		
Date revised:	Sept 2018		
This document replaces (exact title of previous version):	Clinical Guideline for the Management of Sepsis in Adult Patients V1.0		
Approval route (names of committees)/consultation:	Deteriorating Patient Group Clinical Effectiveness Nervecentre Project Board		
Divisional Manager confirming approval processes	Medical Director		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Claire Martin		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical/Corporate Clinical			
Links to key external standards	NICE Guidelines			
Related Documents:	Sepsis recognition ,diagnosis and early management (NG51)			
Training Need Identified?	Yes Ongoing training within the hospital on screening for sepsis and treatment. Learning and Development aware			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
10 Jun 10	V1.0	Initial Issue	Andrew Rogers Corporate Records Manager
Sept 18	V2.0	Updated and re formatted to include NICE guidelines and Nervecentre details	Helen Winn Lead Sepsis Nurse

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Management of Sepsis in Adult Patients Clinical Guideline V2.0						
Directorate and service area: Corporate Clinical			New or existing document: Existing			
Name of individual completing assessment: Helen Winn			Telephone: 07770 315486			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		To ensure the safe screening of Adult patients who have or potentially have Sepsis.				
2. <i>Policy Objectives*</i>		To ensure the rapid use of the Sepsis 6 for patients recognised as having or potentially having sepsis.				
3. <i>Policy – intended Outcomes*</i>		To ensure safe and standardised practice using the best evidence available at the time of writing the guidelines.				
4. *How will you measure the outcome?		Audit				
5. Who is intended to benefit from the <i>policy</i> ?		Patients who are at risk of Sepsis				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
						√
b). Please identify the groups who have been consulted about this procedure.		Please record specific names of groups Nervecentre Project Board				
What was the outcome of the consultation?		Guidelines for the diagnosis and treatment of sepsis in adults needed to be updated to include the NICE guidelines and information about the Nervecentre eObservation Sepsis Screen.				

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		✓		
Sex (male, female, trans-gender / gender reassignment)		✓		
Race / Ethnic communities /groups		✓		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		
Religion / other beliefs		✓		
Marriage and Civil partnership		✓		
Pregnancy and maternity		✓		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.

Yes		No	✓
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9. If you are **not** recommending a Full Impact assessment please explain why.

Full Impact assessment is not required as there will be no impact on equality, consultation has taken place and there is no major service re design.

Date of completion and submission	Sept 2018	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.