**Sepsis 48-hour Management Plan**

This document is intended for patients who have been recognised as having a new infection and potentially septic and have started on the Early Sepsis Investigation and Treatment Orders. The Sepsis 48 Hour Management Plan aims to guide clinical staff using a step by step process which ensures that the patient monitoring and treatment is appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Action** | **Criteria** |  |
| **0-2 hours** | Communication | Attending physician informed that patient has activated Early Investigation and Treatment OrdersClinical handover must inform the receiving team that the patient was treated with Sepsis Orders | □□ |
| Monitor and reassess | Monitor and reassess for sepsis deterioration which may include one or more of the following:* Respiratory rate > 22 breaths/min
* Systolic blood pressure < 100 mmHg
* Decreased or no improvement in level of consciousness
* Urine output less than 0.5mL/kg/hr
* No improvement in serum lactate level

If deteriorating, consider internal medicine consult/critical care outreach team/critical care consult /transfer ICUIf improving, continue observations every 30 minutes for 2 hours, then hourly for 4 hours | □□□ |
| Sepsis screen | Head to toe assessment for infection source and initiateinvestigations which may include:* Diagnostic imaging
* Urine microscopy/culture
* Sputum for culture
* Faeces for C.difficile if diarrhoea
* Wound swab for culture
* Nasopharyngeal swabs
* Lumbar puncture (if indicated)
 | □□□□□□□ |
| Antibiotics | Appropriate antibiotic prescribing Prescribe antibiotics in the medication chart and indicate | □□ |
| IV Fluids | Prescribe IV fluids as appropriate. Monitor haemodynamicobservations | □ |

**Sepsis 48-hour Management Plan** *(continued)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Action** | **Criteria** |  |
| **2-24 hours** | Continue monitoring | Monitor and reassess for sepsis deterioration which may include one or more of the following:* Respiratory rate > 22 breaths/min
* Systolic blood pressure < 100 mmHg
* Decreased or no improvement in level of consciousness
* Urine output less than 0.5mL/kg/hr
* No improvement in serum lactate level

If deteriorating, consider internal medicine consult/critical care outreach/critical care consult /transfer ICUIf improving, continue observations every 30 minutes for 2 hours, then hourly for 4 hours | □□□ |
| Repeat lactate | Lactate level 4 hours post recognitionDate: **DD/MM/YYYY** Time: **HH:MM** . mmol/LLactate level 8 hours post recognitionDate: **DD/MM/YYYY** Time: **HH:MM** . mmol/ L | □□ |
| Fluid resuscitation | Check preliminary blood workIf patient is neutropenic, review antibiotics and change if needed | □□ |
| **24-48 hours** | Reassess | Repeat bloodwork as indicatedReview results of tests and investigations* Discuss with attending physician and treat accordingly
* Cease antibiotics if appropriate
* Continue monitoring for deterioration including urine output
 | □□ |
|  | Confirm diagnosis and document source of sepsis inmedical record | □ |