**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.

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| **Time** | **Action** | **Criteria** |  |
| **0-2 hours** | Communication | Attending physician informed that patient has activated Early Investigation and Treatment Orders  Clinical 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 ICU  If improving, continue observations every 30 minutes for 2 hours, then hourly for 4 hours | □  □  □ |
| Sepsis screen | Head to toe assessment for infection source and initiate  investigations 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 haemodynamic  observations | □ |

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

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| **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 ICU  If improving, continue observations every 30 minutes for 2 hours, then hourly for 4 hours | □  □  □ |
| Repeat lactate | Lactate level 4 hours post recognition  Date: **DD/MM/YYYY** Time: **HH:MM** . mmol/L  Lactate level 8 hours post recognition  Date: **DD/MM/YYYY** Time: **HH:MM** . mmol/ L | □  □ |
| Fluid resuscitation | Check preliminary blood work  If patient is neutropenic, review antibiotics and change if needed | □  □ |
| **24-48 hours** | Reassess | Repeat bloodwork as indicated  Review 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 in  medical record | □ |