

JUST THINK • COULD IT
• BE SEPSIS?

SEPSIS FOR CLINICIANS – FACT SHEET



WHAT IS SEPSIS?

Sepsis is a life-threatening condition that arises when the body's response to an infection damages its own tissues and organs. Sepsis is also a medical emergency, requiring rapid treatment to increase a patient's chance of survival.

HIGH RISK GROUPS

- Neonates and young children
- Older Australians
- Aboriginal and Torres Strait Islander peoples
- Patients with multiple comorbidities
- Patients with indwelling devices
- Patients with COVID-19
- Immunocompromised patients
- Pregnant women, both during pregnancy and following childbirth
- Cancer patients treated with chemotherapy
- Sepsis survivors, previously diagnosed with sepsis.

WHAT ARE THE SIGNS OF SEPSIS?

In adults:

- Tachypnoea
- Fever and rigors
- Low body temperature
- Low or no urine output
- Tachycardia
- Nausea and vomiting
- Diarrhoea
- Fatigue, malaise or generalised weakness
- Increased pain

In children:

- Tachypnoea
- Blotchy or discoloured skin
- Skin abnormally cold to touch
- Non-blanching rash
- Infrequent wet nappies
- Drowsy, difficult to wake up or confused
- Restlessness or floppy limbs
- Vomiting
- Diarrhoea
- Fits or convulsions
- Increased pain

A significant change in any single sign may not always be evident. There are several red flags to watch out for:

- Subtle changes in several signs
- Prolonged generalised 'viral' illness with no improvement
- The patient expressing they "feel worse than ever"
- Heightened parental concern for children
- Any chance of an infection.

Always have a high level of suspicion for sepsis, especially in undifferentiated diagnosis.

TREATMENT AND MANAGEMENT

If sepsis is suspected it is essential to escalate your concerns immediately, expedite clinical assessment and treat urgently. Use a locally approved **sepsis clinical pathway** to guide treatment within the recommended timeframe.

The key principles of care are **recognise, resuscitate, refer** and **review**.

Rapid priority actions include:

1. Obtaining blood cultures and secure IV access
2. Checking for allergies
3. Administering broad spectrum parenteral antibiotics immediately after blood cultures are obtained
4. Administering parenteral fluids
5. Administering supplemental oxygen as required
6. Rapid escalation and review by a Senior Clinician experienced in managing sepsis
7. Obtain blood biochemistry, lactate and Full Blood Count (FBC)
8. Respond to blood culture results by either modifying parenteral antimicrobials or ceasing completely as indicated
9. Monitor the patient closely as deterioration can be rapid, even after the initial clinical interventions are undertaken
10. Consider the need to transfer for ongoing care early, and ensure timely consultation on the supportive care and interventions required before or during transfer.

Simply ask “could it be sepsis?” to trigger the actions needed to urgently commence life-saving treatment.

REMEMBER TO SPEAK UP!

If you are concerned about a patient, it is important not to delay asking a Senior Clinician:

COULD IT BE SEPSIS?

NEED TO KNOW MORE?

For more information on sepsis, review your local clinical policies or any of the following resources:

Australian Commission of Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/our-work/partnering-consumers/national-sepsis-program>

Australian Sepsis Network

<https://www.australiansepsisnetwork.net.au/>

Children’s Health Queensland Hospital and Health Service

<https://www.childrens.health.qld.gov.au/sepsis/>

Clinical Excellence Queensland

<https://clinicalexcellence.qld.gov.au/priority-areas/safety-and-quality/sepsis/sepsis-pathways-and-resources>

NSW Clinical Excellence Commission

<https://www.cec.health.nsw.gov.au/keep-patients-safe/sepsis>

Global Sepsis Alliance

<https://www.global-sepsis-alliance.org/>