

Sepsis

Clinical Care Standard

What is the Sepsis Clinical Care Standard?

The *Sepsis Clinical Care Standard* contains seven quality statements that describe the health care that should be provided to patients of all ages with signs and symptoms of sepsis.

It also addresses the care that should be provided in hospital and after discharge, including survivorship.

This guide explains each quality statement, and what it means for patients and their families.

For more information or to read the full clinical care standard visit: safetyandquality.gov.au/sepsis-ccs.

1 Could it be sepsis?



What the standard says

A diagnosis of sepsis is considered in any patient with an acute illness or clinical deterioration that may be due to infection. A clinical support tool that includes assessment of vital signs and lactate is used to help recognise sepsis early and escalate care when required.

What this means for you

Sepsis can affect anyone. However, some people are at greater risk than others, such as:

- Newborns and young children
- Older people
- Aboriginal and Torres Strait Islander peoples
- People with complex health conditions
- People with COVID-19
- People with poor immune systems
- People who are pregnant or have just given birth
- People being treated for cancer with chemotherapy
- People with burns, wounds and injuries
- People who have been previously diagnosed with sepsis.

A clinician will consider the possibility of sepsis for someone who:

- Has an infection or might have one
- Is very sick
- Is getting sicker.



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. It can lead to shock, failure of multiple organs, and death. Early recognition of sepsis and urgent treatment can help prevent these outcomes.

Sepsis is a serious illness that is very difficult to predict, diagnose, and treat. Patients who develop sepsis have an increased risk of complications and face higher healthcare costs and longer treatment.

A doctor or nurse will perform physical checks such as taking temperature and blood pressure, doing blood tests and asking questions. This information will help them to quickly identify whether you or your family member could have sepsis.

The signs of sepsis in adults can include:

- Fast breathing or breathlessness
- Fever and chills
- Low body temperature
- Low or no urine output
- Fast heartbeat
- Nausea and vomiting
- Diarrhoea
- Fatigue, confusion or sleepiness
- A lot of pain or 'feeling worse than ever'.

The signs of sepsis in children can include:

- Fast breathing or long pauses in breathing
- Blotchy or discoloured skin
- Skin abnormally cold to touch
- Rash that doesn't fade when pressed
- Infrequent wet nappies or low urine output
- Drowsiness, difficulty waking up or confusion
- Restlessness or floppy limbs
- Vomiting
- Fits or convulsions
- A lot of unexplained pain.

For families, let a doctor or nurse know if you are worried that your child or family member is very sick or getting worse. Your concern is important and should be considered, as you know your child or family member best. It's important for you to ask 'Could it be sepsis?'

For more information, refer to the [National Sepsis Awareness Campaign](#).

2 Time-critical management



What the standard says

Sepsis is a time-critical medical emergency. Assessment and treatment of a patient with suspected sepsis are started urgently according to a locally approved clinical pathway, and their response to treatment is monitored and reviewed. The patient is reviewed by a clinician experienced in recognising and managing sepsis, and is escalated to a higher level of care when required.

What this means for you

Sepsis is a condition that needs urgent treatment. It can cause serious complications or death. If you are not in a hospital and think you or a family member could have sepsis, contact your general practitioner or call 000 for an ambulance.

If there is a chance you have sepsis, medical care should be started immediately and should follow a recognised clinical pathway, which guides doctors and nurses to ensure that you get the important care you need. Fast treatment can prevent complications from sepsis.

Your doctors and nurses will assess your symptoms, take your medical history, and perform tests and procedures to help with your diagnosis and treatment. Your doctor or nurse will make observations, such as measuring your blood pressure, pulse and the number of breaths you take per minute. They will order blood tests, and give medicines and fluids urgently.

Your doctors and nurses will continue to check how you are responding to treatment. They may consult with other doctors and nurses who are experienced in managing sepsis. If you are already in hospital, you may be transferred to a different ward or to the intensive care unit. If you are not in a hospital or are in a small hospital, you may need to be transferred somewhere that can provide the expertise and high-level care that are needed to manage sepsis.

If you or a person you care for is seriously ill and you are worried that the condition is getting worse, it is very important to tell a doctor or nurse in the facility where you are being treated.

If you are still concerned that help is not coming urgently, it is your right to seek help from someone else in the hospital. Hospitals must have systems in place so that you can immediately seek help from someone else, if you feel your concerns are not being addressed or taken seriously. Tell the staff that you think you or your family member has sepsis or ask 'Could it be sepsis?', that you want to escalate care, and ask what systems are in place for you or your carer to raise your concerns. Most hospitals will have a telephone number to call. You may have to say that you want to speak to somebody higher up (the next line of management).

Concerns for your wellbeing, or that of the person you are caring for, are valid, and all information is important. These services are available to help you to communicate your concerns so that they can be acted on. Recognising a worsening condition can prevent serious illness or death.

3 Management of antimicrobial therapy



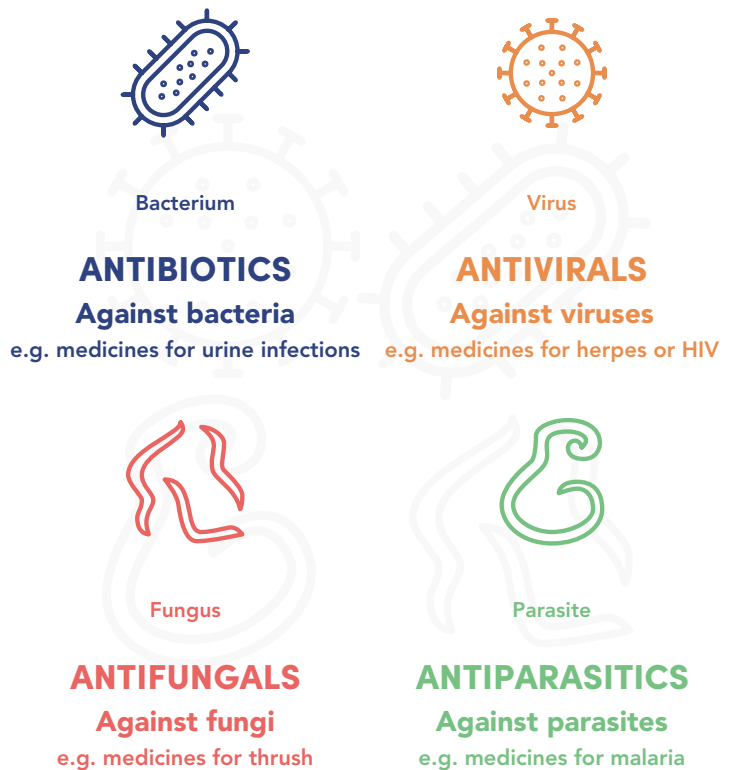
What the standard says

A patient with suspected sepsis has blood cultures taken immediately, ensuring that this does not delay the administration of appropriate antimicrobial therapy. When signs of infection-related organ dysfunction are present, appropriate antimicrobials are started within 60 minutes. Antimicrobial therapy is managed in line with the Antimicrobial Stewardship Clinical Care Standard, including a review within 48 hours from the first dose.

What this means for you

If you or a family member has sepsis, it is important that the infection is treated quickly. This will usually mean giving an antimicrobial medicine, usually an antibiotic (see Figure 1). When you are very sick, these medicines must be started within 60 minutes from when sepsis is identified.

Figure 1: What are antimicrobials?



Source: [Australian Commission on Safety and Quality in Health Care](#).

You will need tests (usually a blood test called a blood culture) that will help your doctors make sure they are using the best medicine for you. Usually, the tests will be done and then you will start treatment while you are waiting for the results. However, this is not always possible and the tests may be taken later.

The first antimicrobials you receive will treat a wide range of infections because sepsis is an emergency. In the first few days, more information may become available about your infection and the antimicrobials may be changed to target your infection more specifically. For example, your antimicrobial may be changed to a different antimicrobial, or from an injection to a tablet, especially within the first two days. It is important to use the best medicines for your infection, and your doctor will decide this based on your needs. You may need more tests, such as blood and urine tests, to:

- Find out if the treatment is working
- Make sure you are receiving the most effective antimicrobial.

4 Multidisciplinary coordination of care in hospital

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What the standard says

Sepsis is a complex, multisystem disease requiring a multidisciplinary approach to treatment. A patient with sepsis has their treatment in hospital coordinated by a clinician with expertise in managing patients with sepsis.

What this means for you

Treatment for sepsis can involve many different clinicians, at different times and in different settings. You, and your family or carer, are a vital part of your healthcare team. While in hospital, a lead doctor or nurse with expertise in managing sepsis will organise the care that is provided. Other members of your healthcare team may include surgeons, different specialist doctors, nurses, pharmacists, physiotherapists, psychologists, social workers, occupational therapists and dietitians.

5 Patient and carer education and information

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What the standard says

A patient, their family or carer is informed about sepsis from the time that it is suspected in a way that they can understand. Information includes the expected treatment and potential health effects of sepsis. Information is provided verbally and in writing.

What this means for you

A member of your healthcare team will provide you with information and education about the diagnosis of sepsis and the type of treatment you or your family member is receiving. The information should be given to you in a way that you understand, especially if there are decisions to be made about your treatment.

The information you need will change over time and as you see different types of clinicians. It is important to ask questions and let the clinician know if you have any concerns about your treatment, including about any changes that have been made. Healthcare services must have systems in place so that you can immediately seek help from someone else, if you feel your concerns are not being addressed or taken seriously. Tell the staff that you want to escalate care and ask what systems are in place for you or your carer to raise your concerns.

It is important to understand the signs and symptoms of your condition getting worse. Sepsis can affect multiple systems in your body and effects can be different for everyone. You should be given information about what to do if you are concerned about your condition worsening and who to contact.

When you leave hospital, information about how to manage your condition and what to expect should also be provided to you.

6 Transitions of care and clinical communication



What the standard says

A patient with known or suspected sepsis has a documented clinical handover at transitions of care. This includes the provisional sepsis diagnosis, comorbidities, and the management plan for medicines and medical conditions. This information is provided to the patient, their family and carer as appropriate.

What this means for you

If you or a family member are diagnosed with sepsis, many doctors, nurses and other clinicians might need to provide you with care for a long time. It is important that the clinicians involved in your care share information with each other about your condition and treatment. You should be involved in this process, along with any support people you choose, such as a family member or social worker.

This communication should occur when there is a change of shift of those caring for you, when you are moved within one hospital or moved to another hospital, and when you are discharged from hospital. Important information that you should receive includes:

- Your diagnosis of sepsis and any underlying conditions
- Concerns or risks that the clinicians may note about your care
- Your medical history
- The plan for antimicrobials and other medicines
- Your care requirements and recovery goals
- Who to contact if you have concerns about your condition and ongoing treatment; if there is a central person coordinating your care, this should be documented
- The healthcare team you are receiving care from; this can range from medical specialists to allied health professionals, such as a physiotherapist or dietitian
- Who the healthcare service should contact, such as a carer, family member or substitute decision-maker, if you cannot make a decision yourself.

This information should be provided in a way that you understand. It should also be easily accessible and culturally safe.

7 Care after hospital and survivorship



What the standard says

A patient who has survived sepsis receives individualised follow-up care to optimise functional outcomes, minimise recurrence, reduce rehospitalisation and manage the ongoing health effects of sepsis. This requires structured, holistic and coordinated post-discharge care and education that involves the patient, their family, carer, general practitioner and other clinicians.

Support and information are provided to the family or carer of a patient who has died from sepsis.

What this means for you

A member of your healthcare team in hospital will provide you with information and education about the diagnosis of sepsis and the type of treatment you will need after you leave hospital. Sepsis can affect many organs in your body and affects everyone differently. You or your family member may need a range of follow-up treatments, depending on your situation.

When you leave hospital, your regular doctor (general practitioner, or GP) will play an important role in managing your health. Information about your care in hospital and your ongoing care needs should be provided to your GP so they can help manage your care. For Aboriginal or Torres Strait Islander people, your GP care may be provided through your Aboriginal medical service.

Sepsis can have long-lasting effects. It is important that you are given information about these, as well as how to manage your health in the future. It takes time to recover from hospitalisation and treatment for sepsis, and you may not be able to go back to your usual activities for some time. Some people's lives change significantly because of sepsis.

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Your immune system can take time to recover, and this can mean you are more likely to get infections. It is important to talk with your doctor, nurse or pharmacist about medicines you need to keep taking, and what you need to do to prevent infection, including staying up to date with vaccinations and maintaining good hygiene.

Sepsis can affect your ability to function socially, emotionally and cognitively (how well you can think and understand) while you are recovering, even after you leave hospital. It is important to discuss any issues with your doctor and seek help for symptoms such as fatigue, anxiety and trouble concentrating.

If your relative or someone close to you has died from sepsis, the healthcare service should give you information about what happened. They should also answer any questions you have about the events and treatment provided to the person leading up to their death.

Questions?



Find out more about the *Sepsis Clinical Care Standard* and other resources. Scan the QR code or use the link safetyandquality.gov.au/sepsis-consumer.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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