Sepsis Six - Primary Care Management Tool

Sepsis is infection with organ dysfunction and is a medical emergency

Could it be sepsis?

Sepsis is likely in patients with:

- Known or suspected infection
- *Risks or red flags for sepsis*
- Two or more of the following:
  - **H** Hypotension (SBP < 100 mmHg or more than 40 mmHg below normal baseline)
  - **A** Altered level of consciousness (including new confusion)
  - **L** Elevated lactate > 2 mmol/L
  - **T** Tachypnoea (RR > 24 or > normal aged based value)

Call for help early

Seek immediate input from the admitting hospital or retrieval service when managing patients with suspected or confirmed sepsis.

Access local or state-based guidelines and protocols

Follow your local or state-based sepsis management guidelines to ensure evidence-based care.

Implement the Sepsis Six in primary care

Do not delay treatment if sepsis is suspected. Implement the Sepsis Six if the patient is septic, showing signs of shock, their condition is worsening, or hospital admission will be delayed.

Implement the *Sepsis Six checklist* in full. Aim to:

- Obtain blood cultures within 30 minutes
- Administer antibiotics within 60 minutes (obtain cultures first if possible)
- Support perfusion and oxygenation with oxygen therapy and fluid resuscitation
- Continue to monitor and review treatment until transfer of care

Key management principles for delayed transfers

If transfer to hospital will be longer than 60 minutes from initial presentation or the patient is deteriorating:

- Stabilise the patient by completing the Sepsis Six bundle
- Escalate to senior clinician/retrieval team immediately if patient deteriorating
- If delays in transfer, provide regular updates to retrieval team
- Communicate effectively with hospital and/or retrieval teams via clinical handover
- Document all interventions and the patient's response to treatment

By adhering to these steps and principles, you can help improve outcomes for patients with sepsis, even in resource-limited or delayed-transfer scenarios.

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Sepsis Six in Primary Care Checklist

Call for expert help and implement the Sepsis Six within 60 minutes

1 Give Oxygen

Provide supplementary oxygen If available to maintain SpO_2 > 94%.	Oxygen required ☐ Yes ☐ No	Time:

2 Obtain IV access

Insert an IV if you have the means to do so, this should not delay treatment if you do not have the ability to do this. Intraosseous access may be an alternative after 2 failed IV attempts if available.	IV access obtained ☐ Yes ☐ No **OR**	Time:
	IO access obtained ☐ Yes ☐ No	Time:

3 Take blood cultures and lactate

Within 30 min

• Obtain 2 sets of blood cultures (from different sites), Obtain lactate (point of care VBG recommended if available). • Obtain other bloods including BGL, coagulation studies, UEC, CRP, full blood count. • Obtain other cultures if relevant (e.g. urine, sputum, wound swab). *do not delay antibiotics if unable to collect blood cultures.	Blood cultures collected ☐ Yes ☐ No	Time:
	Lactate collected ☐ Yes ☐ No	Time:
	Formal bloods collected ☐ Yes ☐ No	Time:

4 Commence IV antimicrobials

Within 60 min

If source unknown administer broadspectrum antibiotics. Ceftriaxone 2 g IV or IM (Child 50 mg/kg up to 2g) (Neonate cefotaxime 50 mg/kg). Benzylpenicillin may be used as alternate. *Therapeutic Guidelines* If source known or high suspicion use empirical antibiotics.	Antibiotics administered ☐ Yes ☐ No	Time:

5 Fluid resuscitation

If **hypotensive** (systolic BP <100 mmHg or more than 40 mmHg below their normal) and/or Lactate > 2.0 mmol/L: • Administer fluid bolus to clinical endpoints (start with 10 mL/kg crystalloid e.g. 0.9% Sodium Chloride; may need 2nd or 3rd bolus).	IV bolus administered ☐ Yes ☐ No	1st bolus:
		2nd bolus:
		3rd bolus:

6 Monitor

• Monitor vital signs (RR, HR, BP, SpO_2) every 15 minutes • Monitor hourly urine output • Repeat lactate after 1 hour	Vital signs stable/ improving ☐ Yes ☐ No	Time:

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