



ADULT & YOUNG PERSON SEPSIS PATHWAY

Use for all non-pregnant adults 12 years and older

RAISE THE FLAG *Could it be Sepsis?*

This pathway is to be filed in patient record and is intended for use by all clinicians

Family name			
Given name		Gender	
AFFIX PATIENT LABEL HERE			
DOB		NHI	

Sepsis is a life-threatening emergency and can happen to anyone.
Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

SEPSIS RISK FACTORS

- Māori or Pacific ethnicity
- Socio-economic deprivation
- Aged over 60
- Chronic medical conditions
- Immunosuppressed
- Previous sepsis event
- Recent trauma, surgery/procedure, or hospital admission

RECOGNISE

Date, time started, initial

DD/MM/YY 00:00²⁴ AB

☐ Is the presentation consistent with **suspected** or **confirmed** infection?

NO

Exit sepsis pathway*

YES

Does patient meet **ANY** of the following criteria?

- | | |
|---|--|
| ☐ Any single parameter in the EWS red zone | ☐ Appears seriously unwell |
| ☐ Total EWS ≥ 5 | ☐ Pre-hospital treatment for sepsis |

NO

YES

RED FLAGS

- ☐ New oxygen requirement
- ☐ RR ≥ 25
- ☐ Lactate ≥ 2 mmol/L
- ☐ SBP ≤ 90 mmHg **OR** ≥ 40 mmHg below patient's normal
- ☐ HR ≥ 130
- ☐ Skin ashen/mottled **OR** non-blanching rash
- ☐ Responds to voice only **OR** pain/unresponsive
- ☐ Recent chemotherapy

ONE OR MORE RED FLAG

NO RED FLAG

Start Sepsis Six NOW

AMBER FLAGS

- ☐ Persistent whānau concern
- ☐ RR 21 - 24 **OR** respiratory distress
- ☐ HR 91 - 129 **OR** new arrhythmia
- ☐ SBP 91 - 100 mmHg
- ☐ Temp $< 36^{\circ}\text{C}$
- ☐ Altered mental state

≥ 2 flags ticked

1 flag ticked

No flag ticked

- ☐ Send bloods including lactate + blood cultures (2 sets)

Review with results

- ☐ **New RED FLAG**
- ☐ Acute Kidney Injury

YES

NO

- ☐ Document treatment plan
- ☐ If antibiotic needed, administer within 3 hours
- ☐ Update patient and whānau

Exit pathway*

ADULT & YOUNG PERSON SEPSIS PATHWAY

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Sepsis
Trust NZ

Health New Zealand
Te Whatu Ora



Health Quality &
Safety Commission
Te Tāhū Hauora

RESUSCITATE

Date, time started, initial

DD/MM/YY 00:00²⁴ AB

Sepsis Six

Complete **ALL** steps
WITHIN 1 HOUR



DO NOT DELAY for
investigations or results

1. Give Oxygen if SpO₂ ≤ 92%

Target saturation ≥ 94% (88 - 92% if known CO₂ retainer)

N/A Time completed Initials

☐

24 HOURS

2. Draw Blood Cultures

Send at least TWO sets from a single site, even if patient is afebrile. Ensure all bottles are properly filled

N/A Time completed Initials

☐

24 HOURS

3. Obtain Lactate & Full Set of Bloods

Including FBC, U&Es, CRP, LFTs, coags

N/A Time completed Initials

☐

24 HOURS

4. Give IV Fluids

If hypotensive/lactate > 2 mmol/L, 500 ml stat
Repeat if clinically indicated up to 30 ml/kg IBW

N/A Time completed Initials

☐

24 HOURS

5. Give IV Antibiotics

Refer to local antimicrobial guidelines
Use sepsis-specific guideline if one is available

N/A Time completed Initials

☐

24 HOURS

6. Get Help

Inform a senior clinician* that your patient has “red flag sepsis”.
Prioritise investigation, referral, and source control

N/A Time completed Initials

☐

24 HOURS

*Senior medical officer, registrar, fellow, and nurse practitioner

REASSESS

Date, time started, initial

DD/MM/YY 00:00²⁴ AB

☐ Inform patient and whānau of sepsis diagnosis



- Observe vital signs every 30 minutes
- Prioritise investigation, referral, and source control
- Document hourly urine output



☐ **Assess treatment response WITHIN 3 HOURS; refer to hypoperfusion pathway if any of the following criteria are met:**

- reduced level of consciousness despite resuscitation
- RR ≥ 25
- lactate ≥ 2 mmol/L and not improving