ADULT & YOUNG PERSON SEPSIS PATHWAY

Use for all non-pregnant adults 12 years and older

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

RAISE THE FLAG | **Could it be Sepsis?**

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.

Māori and Pacific populations experience disproportionately higher rates of sepsis and sepsis-related harm

SEPSIS RISK FACTORS

- 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 00:00 24HR 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
- ☐ Total EWS ≥ 5
- ☐ Concern for sepsis
- ☐ 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 only to voice, responds only to pain **OR** is unresponsive
- ☐ Recent chemotherapy

ONE OR MORE RED FLAG

NO RED FLAG →

AMBER FLAGS

- ☐ Persistent whānau concern
- ☐ RR 21 - 24 **OR** respiratory distress
- ☐ HR 91 - 129 **OR** new arrhythmia
- ☐ SBP 91 - 100 mmHg
- ☐ Temp < 36°C
- ☐ Altered mental state

≥ 2 flags ticked | 1 flag ticked | No flag ticked

≥ 2 flags ticked ↓

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

Review with results

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

YES ← | NO →

Start Sepsis Six NOW

1 flag ticked / NO →

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

No flag ticked ↓

Exit pathway*

* In case of deterioration restart screening

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Sepsis Trust NZ

Health New Zealand Te Whatu Ora

Health Quality & Safety Commission Te Tāhū Hauora

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RESUSCITATE

Date, time started, initial DD/MM/YY 00:00 24 HR AB

Sepsis Six

These steps should be completed concurrently (steps are not sequential)

Complete **ALL** steps **WITHIN 1 HOUR**

DO NOT DELAY for investigations or results

1. Give Oxygen if $SpO_2 \leq 92\%$

Target saturation ≥ 94% (88 - 92% if known CO_2 retainer)

N/A ☐ | Time completed: 24 HOURS | Initials

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: 24 HOURS | Initials

3. Obtain Lactate & Full Set of Bloods

Including FBC, U&Es, LFTs, coags

N/A ☐ | Time completed: 24 HOURS | Initials

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: 24 HOURS | Initials

5. Give IV Antibiotics

- Refer to Te Whata Kura – National Antibiotic Guideline for empiric antibiotic choice.
- Use sepsis-specific guideline if one is available

N/A ☐ | Time completed: 24 HOURS | Initials

6. Get Help

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

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

N/A ☐ | Time completed: 24 HOURS | Initials

Who

REASSESS

Date, time started, initial DD/MM/YY 00:00 24 HR 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:**

- systolic BP ≤ 90 mmHg
- reduced level of consciousness despite resuscitation
- RR ≥ 25
- lactate ≥ 2 mmol/L and not improving