

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	<input type="text"/>		
Given name	<input type="text"/>	Gender	<input type="text"/>
AFFIX PATIENT LABEL HERE			
DOB	<input type="text"/>	NHI	<input type="text"/>

ADD BARCODE

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?

- | | |
|---|--|
| <input type="checkbox"/> Any single parameter in the EWS red zone | <input type="checkbox"/> Appears seriously unwell |
| <input type="checkbox"/> Total EWS ≥ 5 | <input type="checkbox"/> 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

Exit pathway*

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

ADULT & YOUNG PERSON SEPSIS PATHWAY

Use for all non-pregnant adults 12 years and older



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

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

N/A

Time completed

Initials

☐

24 HOURS

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