SEPSIS HYPOPERFUSION PATHWAY

Use for any any adult or young person 12 years and older in conjunction with the adult or maternal sepsis pathway

This pathway is to be filed in patient record and is intended for use by any clinician

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.

Sepsis Trust NZ | Health New Zealand Te Whatu Ora | Health Quality & Safety Commission Te Tāhū Hauora

Adult or young person with suspected sepsis AND patient has completed sepsis resuscitation bundle/ sepsis six

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Persistent signs of hypoperfusion i.e. hypotensive (SBP <90), RR >25, decreased level of consciousness, lactate not falling. **May need intensive care**

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Inform a *senior clinician and ensure they attend the patient *as defined in relevant sepsis pathway

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1. **Ensure escalation remains appropriate.**
   Consider goals of care - if in doubt, do not delay efforts to restore tissue perfusion
2. **Commence a vasoactive agent by peripheral infusion to achieve a MAP >65.**
   Seek advice and follow local policy
3. **Arrange urgent source control and definitive care.**
   Involve all **relevant** specialty SMOs, including interventional radiology (if needed)
4. **Discuss with ICU team**
5. **Assess perfusion regularly and give fluid boluses as required**

If in a peripheral hospital and accepted for ICU

- Commence supportive therapies in consultation with ICU team
- Arrange insertion of arterial and central venous catheters, then transition to noradrenaline
- Consider local skilled resources to assist (e.g. onsite anaesthetist)

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Arrange transport to appropriate ICU facility with accepting team approval

Critical care retrieval may be appropriate

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If in a hospital with critical care capability

- Commence supportive therapies in consultation with ICU team
- Arrange transfer to ICU as soon as possible

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Maintain vigilance and re-assess patient regularly to achieve:

- MAP >65mmHg, SP02 >94%, lactate reducing and acceptable urine output
- Continue all supportive care and re-consider source control

Signs of tissue hypoperfusion which persist after delivery of the Sepsis Six indicate critical illness with a high-risk of acute mortality.

Patients with persistent hypoperfusion may need vasoactive medication under guidance from an intensive care specialist. Refer early and monitor patient condition frequently.

Ensure that patient and whānau are aware of sepsis diagnosis and need for treatment escalation.