Are any two of the following Systemic Inflammatory Response Syndrome (SIRS) criteria present?

- Temperature <36.0°C or >38.3°C
- Respiratory Rate >20/min
- Heart Rate >90bpm
- Acutely altered mental state
- WCC >12 or <4
- Glucose >7.7mmol/L (In the absence of Diabetes)

*NB: Only 1 SIRS criterion required if patient is neutropenic.

Does your patient have a history or signs suggestive of a new infection?

For example:

- Respiratory
- Urinary
- Abdominal
- CNS
- Line infection
- Soft tissue
- Bone/Joint
- Neutropenic

**SIRS CRITERIA - 2 OR MORE**

**Suspected Infection Source**

**SEPSIS**

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**INITIATE SEPSIS 6 BUNDLE WITHIN 1 HOUR**

1. Oxygen: high flow 15l/min via non-rebreather mask. Target saturations >94%
2. Take blood cultures (from 2 sites & before antibiotics if possible)
3. Give IV Antibiotics as per Hospital Policy
4. Commence fluid resuscitation. Give 30ml/kg crystalloid for hypotension MAP <65mmHg or Lactate >4mmol/L
5. Check LACTATE (venous blood gas) and Hb
6. Monitor accurate urine output (consider catheterisation if signs of organ dysfunction)

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**CONTINUE TO MONITOR PATIENT AND ADHERE TO NEWS ESCALATION PROTOCOL FLOW CHART**

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**CONTINUE TO MONITOR EFFICACY OF INTERVENTIONS AND CONSIDER SIGNS OF SEVERE SEPSIS IE: ORGAN DYSFUNCTION**

- SBP <90mmHg or MAP <65mmHg
- Lactate >2mmol/L
- Urine output <0.5ml/kg/hr for 2 hrs
- INR >1.5 or aPTT >60s
- Platelets <100 x 10^9/L
- Bilirubin >34μmol/l
- Creatinine >177mmol/L
- New need for O2 to keep SpO2 >90%

**If the patient does not have** signs of organ dysfunction, treat for SEPSIS

1. Continue with management as outlined above.
2. Continue to monitor patient and adhere to NEWS Escalation Protocol Flowchart
3. Appropriate referral completed

**If the patient has** signs of organ dysfunction or lactate 2-4 mmol/L, treat for SEVERE SEPSIS

Commence Severe Sepsis Pathway

SENIOR EM/Critical Care Review

REQUIRED

SEVERE SEPSIS IS ASSOCIATED WITH A 35% MORTALITY RATE

**Exit/Modification Guideline**

Not all patients with a high SIRS score have sepsis OR there may be additional problems requiring different management (Current CCF, DKA, MI, GI bleed) OR patients may be palliated

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A review by a senior EM/Critical Care doctor may be requested at any point during this assessment.

A review by a senior EM/Critical Care doctor is essential for patients whose shock fails to resolve after administration of 30ml/kg of fluids.