



# SCGH TRIAGE SEPSIS

## IS INFECTION SUSPECTED?

YES

QSOFA  $\geq 2$ ?

YES

MORTALITY > 15%

**ATS 2**

**DIRECT TO RESUS  
IMMEDIATE DR REVIEW**

Team leader  
Duty Consultant

NO

QSOFA = 1?

YES

**ATS 2**

**DIRECT TO RESUS  
DR REVIEW < 10 MIN**

Team leader  
Duty Consultant

NO

### ANY OF THE FOLLOWING?

- Chemotherapy  $\leq 4/52$  ago
- BM transplant  $\leq 4/52$  ago
- Known neutropenia

PLUS

### ANY OF THE FOLLOWING?

- Temperature > 38°C
- Temperature < 36°C
- History of fever

YES

NO

## 2 OR MORE OF THE FOLLOWING

HISTORY

- Immunosuppressed (eg steroids / cytotoxics or HIV, alcoholic, diabetes)
- High risk bacteremia (eg IVDU, prosthetic valve, indwelling lines, recent PPM < 2/52)
- Severe abdo pain + fever
- Recent (internal) operation / vascular procedure < 4/52
- Worsening of known treated bacterial infection

SIGNS

- Temperature > 39°C or < 36°C
- HR > 120
- DBP < 52 or SBP  $\leq 30$  below known baseline
- RR  $\geq 20$
- O<sub>2</sub> Sats < 93% or needs supplemental O<sub>2</sub> or increased O<sub>2</sub> over baseline
- Poor UO by history over 24hrs
- Appearance: unwell / ashen / grey / mottled / shutdown / poor perfused
- Rash (purpura / petechiae)

YES

**NOTIFY TEAM  
LEADER**

### PRIORITIZE / CONSIDER

- EARLY IDENTIFICATION AND SEVERITY: LACTATE
- INITIAL RESUSCITATION: OXYGEN / FLUIDS
- DIAGNOSIS: BLOOD CULTURES / OTHER SOURCE CULTURES / IMAGING
- **ANTIBIOTICS**
- ONGOING RESUSCITATION: INOTROPES / VASOPRESSORS
- SOURCE CONTROL: REMOVE / DRAIN / WASHOUT
- DISPOSITION: THEATRE / HDU / ICU / WARD

IN THE EVENT OF DELAYS OR PROBLEMS CALL DUTY CONSULTANT DECT 77255

**ANTIBIOTIC TARGET  
< 60 MIN**