Produced by Dr Han Lu / Dr David Mountain V 0.3

M573 HCHGAFMR0878.indd 1

5	SIR CH	HARLES GAIRDNER HOS	PITAL	Family name:	USE F	PATIENT LABEL WHEI URN:	N AVAILABLE			
ADULT ED SEPSIS PATHWAY			Given name(s):							
1	OSPITAL			Gender:			DOB:			
3 poin	nt Patier	nt ID check completed and a	fixed patient	label correct _			(n	ame & sig	nature)	
IMPO	RTANT	ening for patients >15 years w F NOTE: No unique set of dia ion-making and risk assessm	gnostic featu	ires exist for inf	ection / se	psis. The following	ig are promp	ts to assis	t	
SCREENING NAME		SIGN		GRADE/_	/ DATE	_:_	24HR			
SCREENING	SION ORGAN DYSFUNCTION Other Criteria Q-SOFA -n HIGH RISK	Recent foreign travel / Unwell contacts Dysuria / urinary frequency Non-mechanical fall Infection likely Infection unlikely Infection unlikely Features of organ dysfunction? (Each scores 1 point) SBP <100mmHg								
	1YPOPEF	SBP <90mmHg or MAP <65 Urine output <30ml/hr or <0.5 Cool mottled skin or Appears		☐ Lactate ≥ 2 or doctor review		immediately if any of these present		tnese are		
	≥2 fe			ures of organ dysfunction or other criteria) feature of hypoperfusion most likely diagnosis (By doctor review)		(Q-sofa or other criteria) and no hypoperfusion <u>and</u> senior doctor excludes sepsis SEPSIS less likely				
	m a Pa	aintain MAP ≥65 + Lactate ≥2 atient likely has: EPTIC SHOCK	Patient likely	y has: SEPSIS		Investigate and treat as indicated Document decision / diagnosis and management plan Re-evaluate for sepsis if condition deteriorates or new features of infection develop Exit sepsis pathway			orates	
Z	TIME ZERO when SEPSIS is recognised//_ DATE:24HR									
ACTION	Name of Senior medical staff contacted if someone different Review any Advanced Health Directives and discuss Goals of Cares as appropriate. Address life threatening issues immediately. Perform an A B C D E assessment without delay. PLEASE TURN OVER AND CONTINUE ONTO SEPSIS MANAGEMENT (TO BE COMPLETED BY TREATING DOCTOR)							24HR	MD 070	

M573 09/19 PLEASE TURN OVER AND CONTINUE ONTO SEPSIS MANAGEMENT (TO BE COMPLETED BY TREATING DOCTOR)

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25/9/19 12:24 pm

	4 Take blood sultures mainimum	-604-							
	Collect from separate sites prior to Collect other relevant cultures - urine / Invasive line cultures (e.g central line, *(Do not perform lumbar puncture)		Blood cultures taken::24HR Other cultures taken:						
	2. Check lactate + other investigate		Initial Lactat	e taken:	:24HR				
	Collect venous or artertial blood gas Collect FBC / U+E / LFTs / BSL +/- Identify likely source		Initial lactate		mmol/L				
	Imaging (USS / Xrays / CT / etc) + Co Commence IV Antibiotics (Within)								
	Check Allergies		1st Antibioti		:24HR				
	Check Antibiotic guidelines guided I Consider Risk of Resistant organisr previous microbiology results) Consult microbiology / Infectious Di		commenced		1st 2nd				
	DO NOT DELAY ANTIBIOTICS IF CL	TAIN			3rd				
	4. Suspected Source of Sepsis / S		SOURCE						
_	Consider need for source control (e.g in Contact appropriate team for source)	al, etc)	Specialty contacted / source control:						
N N	Orthopaedics, etc) • Document plan in notes						:24HR		
Ä EM	5. IV Fluid Challenges								
MAN	• Rapid 10-15ml/kg IVF challenges of • Repeated up to 30ml/kg within 30-60	trated	1st Fluid Bo	lus:	:24HR				
SEPSIS MANAGEMENT	against clinically appropriate targets (• Reassess haemodynamic response and • If unresponsive to rapid fluids proba		Total IVF giv	ren:	ml				
PSI	Persistent Hypotension or features of hypoperfusion despite IVF?								
SE									
	Additional management for								
	6. Haemodynamic resuscitation			7	Reassess response to initial measures				
	If inadequate perfusion persists despite commence VASOPRESSORS / INOT		Assess mental status, skin perfusion and capillary						
	1st Line - Noradrenaline (Periphe 2nd Line - as per Senior Medica	re	refill Maintain airway and oxygenation						
	• Aim MAP 65-70mmHg or as clinical			• A	Assess need for respiratory support (NIV / IPPV) If requiring vasopressors to maintain adequate				
	Vasopressor / inotrope used:	→ b	blood pressure:						
	Time vasopressor / inotrope initi	: 24HR	'	Insert Urinary Catheter - monitor hourly urine output Insert arterial line					
					Consider need for central venous access Reassessment				
	Time ICU / HDU contacted		:24HR	ti	ime:	//_ DATE	:24HR		
	Yes to any (Consider escalation of treatment and expediting				No to all				
	transfer to critical care)	8. Does the patient:							
		≥ 65mm esuscit	tation? • Require • Have p	e respiratory suppo ersistently elevated					
		Medical officer completing form							
Modical	officer completing forms								
Medical	officer completing form:		SIGN		ate and time omplete:	//_ DATE			
		sferred out of ED		N c		//DATE			
Hando	NAME		Date and	N c	omplete:				

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History	
Thotory -	
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Examination / Investigation findings	
Management / Plan	

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