****

**Sepsis Policy**

**[Date of Issue]**

|  |  |
| --- | --- |
| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
| Date of Issue: | [Date of Issue] |
| Date for Review: | [Date of Review] |

CONTENTS

[1. Introduction 3](#_Toc147997349)

[2. Policy Statement 3](#_Toc147997350)

[3. Scope 3](#_Toc147997351)

[4. Procedures 3](#_Toc147997352)

[5. Monitoring 8](#_Toc147997353)

[6. Related Policies 8](#_Toc147997354)

[7. Legislation and Guidance 8](#_Toc147997355)

[8. Appendix I: Sepsis screening tool 8](#_Toc147997356)

[9. Summary of Review 10](#_Toc147997357)

# Introduction

Sepsis results from the body’s response to infection where the immune system goes into overdrive, attacking its own tissues and organs and setting off a series of reactions, including widespread inflammation. This is a life-threatening condition that can lead to multiple organ failure and death, if not recognised early and treated quickly.

# Policy Statement

[Company Name] is committed to increasing staff awareness of unwell clients in their care and supporting staff to seek a timely and appropriate response to client cases where sepsis is suspected. Clients’ vulnerabilities to various illnesses increases risk of developing sepsis and therefore all staff who suspect sepsis should seek medical help from the clients GP, 111, 999 immediately.

# Scope

This policy and the procedures apply to all staff involved in direct client care.

The Registered Manager is responsible for ensuring that staff can identify an unwell client and possible signs of sepsis. The Registered Manager is also responsible for maintaining this policy in line with national guidelines and other related policies for best practice.

# Procedures

Sepsis can develop in clients after an infection, i.e., urinary tract infection or chest infection. Sepsis can also develop after an injury such as a laceration to the lower limb. Clients are more susceptible to acquiring sepsis when they are already unwell, more so where the client has an existing condition which weakens their immune system.

Sepsis is usually developed from bacterial infections but can also develop from fungal and viral infections. Sepsis can usually be prevented from worsening and be treated with antibiotics when recognised and reported to medical professionals as soon as possible.

All staff should understand and be aware of:

* Possibilities of sepsis occurring
* Signs of sepsis developing
* Existing medical conditions that could develop into sepsis
* How to obtain medical assistance as soon as sepsis is potentially recognised

All staff should refer to Appendix I to help guide them as to whether they should suspect that an unwell client could be developing sepsis. [Company Name] should provide sepsis awareness training to all staff who are in direct contact with clients in line with their Training and Induction policy.

Staff at [Company Name] should be aware that sepsis may present in a non-specific and non-localised manner, without pyrexia. Therefore, any sudden changes and/or concerns from family/carers should be accounted for and considered.

If a client’s condition makes it inappropriate to consider referral for active interventions and/or transfer to emergency care, for instance if they are terminal and/or end of life with a signed do not escalate and/or resuscitate order, then continue to monitor the client at a level appropriate for their condition and situation, in line with their GP’s or a 111 clinician’s advice. Alternatively, where concern of infection exists, and the client is continuing to receive active interventions, staff should follow and complete the UK Sepsis Trust’s *Sepsis Screening Tool Community Nursing*, as found in Appendix I.

**Initial assessment**

Firstly, where equipment is available and in line with staff’s competence, complete a full set of clinical observations including temperature, heart rate, respiratory rate, blood pressure, level of consciousness and oxygen saturations. Staff must then assess for:

* a possible source of infection
* factors that increase the risk of sepsis:
	+ adults over 75 years or very frail
	+ recent trauma, surgery or invasive procedures within the last 6 weeks
	+ impaired immunity due to illness or drugs (e.g., chemotherapy, diabetes, long term steroids, etc.)
	+ indwelling lines, catheters, intravenous (IV) drug misusers or any breach of skin integrity.
* any indications of clinical concern, such as new onset abnormalities of behaviour or breathing
* client appearance, including mottled skin; cyanosis (blue tinge) of the skin, lips or tongue and/or a non-blanching rash of the skin
* reduced frequency of urination in the previous 18 hours.

**High risk for sepsis**

Clients with any of the following are considered to be ‘Red Flag Sepsis’ (at high risk of severe illness or death). If staff are unable to appropriately undertake the following assessment, they must call the emergency services immediately:

* objective evidence of a new altered mental state such as confusion
* respiratory rate of ≥25 breaths per minute
* heart rate of more than 130 beats per minute
* systolic blood pressure (BP) of ≤90 mmHg, or systolic BP >40 mmHg below normal
* not passed urine in the previous 18 hours (for catheterised patients, passed less than 0.5 ml/kg/hour)
* mottled or ashen appearance
* cyanosis of the skin, lips or tongue
* non-blanching rash of the skin.

If a client presents with the above after an assessment, the emergency services must be called immediately, and any observations undertaken must be documented and reported to the professional attending the client’s home as well as the Registered Manager.

**Moderate risk for sepsis**

Clients with any of the following are considered to be at moderate to high risk of severe illness or death from sepsis. If staff are unable to appropriately undertake the following assessment, they must call the emergency services immediately:

* new onset changed behaviour or a change in mental state
* history of acute deterioration of functional ability
* impaired immune system (illness or drugs, including oral steroids)
* trauma, surgery or invasive procedure in the past 6 weeks
* respiratory rate of 21–24 breaths per minute
* heart rate of 91–130 beats per minute or new-onset arrhythmia
* systolic BP of 91–100 mmHg
* not passed urine in the past 12–18 hours (for catheterised patients, passed 0.5–1 ml/kg/hour)
* temperature of less than 36°C
* signs of potential infection, including increased redness, swelling or discharge at a surgical site or breakdown of a wound.

If a client presents with the above after an assessment, the emergency services must be called immediately, and any observations undertaken must be documented reported to the professional attending the client’s home as well as the Registered Manager.

**Low risk for sepsis**

Clients who do not meet any of the criteria for high or moderate risk sepsis are considered to be at low risk of severe illness or death, and routine care should be continued with referral to the clients GP being made and the Registered Manager notified as soon as possible.

**Clinical judgement**

Although it is important to use and follow the UK Sepsis Trust’s assessment tool, this should not negate the need for medical professional input. If, as the attending staff member, judgement is telling you that the UK Sepsis Trust’s assessment tool is reaching the wrong conclusion and the client is stable, urgently refer the client to their GP or a 111 clinician for additional assessment. Conversely, if you are confident in the outcome provided by the tool, follow the pathway and act appropriately.

It is important to recognise that certain clinical presentations may indicate other conditions or not be a reliable predictor for sepsis either way, for example:

* temperature, fever or hypothermia should not be used as a sole predictor of sepsis as the following clients may not develop an increase in temperature, and a rise in temperature could also relate to an unrelated physiological response:
	+ the old or very frail
	+ those having treatment for cancer
	+ those who are severely ill with sepsis
* client’s heart rate should only be taken in context and in line with staff competence:
	+ baseline heart rates may be lower in younger clients and those who are fitter
	+ older clients with an infection may not develop an increased heart rate
	+ older clients may develop a new arrhythmia in response to infection rather than an increased heart rate
	+ heart rate response may be affected by medicines, such as beta-blockers.
* blood pressure should be reviewed in line with the individual client’s normal levels and in line with the staff members competence
* confusion, mental state and cognitive state should be assessed in the context of their normal function, with any changes, even subtle ones, being treated as significant
* peripheral oxygen saturations may be difficult to measure and could indicate poor peripheral circulation due to shock. Saturations should be measured in line with the staff members competence

**Management of sepsis**

All clients with suspected sepsis should be assessed by their GP or another medical professional to determine:

* a definitive diagnosis
* whether the client can be treated safely outside of an acute hospital environment.

Any client with a ‘Red Flag’ criteria or suspected neutropenic sepsis should be immediately referred to emergency care, with a 999 call, blue light transfer and a ‘Red Flag Sepsis’ communication.

Clients with ‘Amber Flag’ criteria only, should receive a same day urgent assessment by their GP or a 111 clinician to consider whether hospital transfer is necessary and appropriate and to agree and document an ongoing plan of care with agreed review intervals.

**Inform client and family/carers**

Where possible, ensure that clients and their family/carers are continually updated on the client’s condition, providing the following information, as appropriate:

* an explanation that the client has sepsis or suspected sepsis, and what this means
* an explanation of the management plan
* confirmation of whether the client will be transferred to emergency care or not and why
* consider providing information on national charities and support groups for sepsis and the causes of sepsis, as appropriate

It is important to allow clients and/or their family/carers the opportunity to ask questions, have information repeated and to discuss their concerns.

# Monitoring

The effectiveness of this policy will be monitored through routine auditing of client infections and outcomes, as well as any incident reports associated with acquired infections.

# Related Policies

* Incident Management Policy
* Infection Prevention and Control Policy
* Information Governance and Record Keeping Policy
* Quality Assurance Policy
* Training and Induction Policy

# Legislation and Guidance

**Guidance**

* NICE guideline [NG51]: Sepsis: recognition, diagnosis and early management
* Nutbeam T, Daniels R on behalf of the UK Sepsis Trust, available at sepsistrust.org/professional-resources/clinical/, date last accessed 15th June 2020
* UK Sepsis Trust: The sepsis manual 4th ed 2017–2018
* Royal College of Nursing: <https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/sepsis>

# Appendix I: Sepsis screening tool

 **(see next page)**





# Summary of Review

|  |  |
| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, Managers |
| Next Review Date | [Date of Review] |