**Clinical Guidance Document –**

**Sepsis**

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# Introduction

## Guidance statement

Sepsis can be hard to spot and life threatening. As such, should clinicians at Sheerwater Health Centre suspect a patient is suffering from sepsis, it is essential that they exercise sound clinical judgement, and initiate treatment straight away, if clinical outcomes are to be improved.

It is the responsibility of all staff to ensure that they recognise, respond to, and take the necessary actions when dealing with any acutely unwell patients. It remains the responsibility of the practice management team to ensure that all staff have undertaken the necessary training to be able to recognise and manage acutely unwell patients.

All staff must be aware of sepsis and be able to demonstrate how an acutely unwell or deteriorating patient is managed before and during an appointment, including any ongoing referral or care.

This guidance can be read in conjunction with [NICE Guideline NG51 Sepsis: recognition, diagnosis and early management](https://www.nice.org.uk/guidance/NG51/chapter/Recommendations#identifying-people-with-suspected-sepsis) and the following resources, which are referenced throughout this document.

* [GP Mythbuster No 88: Sepsis](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-88-sepsis)
* [NHS Sepsis webpage](https://www.nhs.uk/conditions/sepsis/).
* [NICE NG51 Sepsis: Risk stratification tools](https://www.nice.org.uk/guidance/ng51/resources)

Further supporting information is available within the [Clinical guidance documents – Medical emergencies](https://practiceindex.co.uk/gp/forum/resources/clinical-guidance-document-medical-emergencies.906/).

The [Sepsis poster](https://practiceindex.co.uk/gp/forum/resources/sepsis-poster.1263/) has been placed throughout the practice, this details the common symptoms of sepsis.

Sepsis e-Learning training is available on the e-learning platform, Blue Stream Academy.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

# Managing sepsis in general practice

## Early diagnosis

[Transforming urgent and emergency care services in England](https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf) states that GPs have more contact with patients than any other element of the NHS. Early diagnosis and treatment in the primary care setting will reduce harm and distress for the patient.

The 2015 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, [Just Say Sepsis](http://www.ncepod.org.uk/2015sepsis.html), highlights the importance of accurate early assessment and recording and sharing clinical findings.

GPs see many patients with infection. However, only a small number of patients are likely to have sepsis; this leads to a low suspicion of sepsis in the primary care environment. As evidenced in [NHSE Improving outcomes for patients with sepsis](https://www.england.nhs.uk/wp-content/uploads/2015/08/Sepsis-Action-Plan-23.12.15-v1.pdf), 70% of cases of sepsis originate in the community. It is pivotal that clinicians can differentiate between simple infections and sepsis

## Initial assessment

Clinicians at Sheerwater Health Centre will rely on their clinical skills and knowledge when diagnosing patients suspected of having sepsis.

They should:

* Consider the patient’s history and risk factors alongside clinical assessment
* Make a clinical assessment that includes measurement of physiological variables (temperature, pulse, blood pressure, respiratory rate, level of consciousness and oxygen saturation) which can be used to stratify the severity of illness

These should be performed when a patient presents with an acute illness, or a deteriorating pre-existing condition, particularly where sepsis is suspected.

National Early Warning Score [(NEWS2)](https://www.england.nhs.uk/nationalearlywarningscore/) is used by all hospitals and ambulance services across the UK as a tool for identifying patients with sepsis. As such, this organisation will also use NEWS2 to enable standardisation and a common language when describing concern and to track deterioration.

## Management in primary care

Clinicians should use the 2017 NICE risk stratification tools to support them when considering a diagnosis of sepsis.

The [UK Sepsis Trust](https://sepsistrust.org/professional-resources/general-practice/) has produced a series of screening and action tools for general practice. Updated in May 2022, they are the most recent and are also a [NICE endorsed](https://www.nice.org.uk/guidance/ng51/resources/endorsed-resource-uk-sepsis-trust-screening-and-action-tools-6784063597) resource. Furthermore, UK Sepsis Trust also use NEWS2 or the National Paediatric Early Warning Score (PEWS):

* [Screening and action tool for under 5’s](https://sepsistrust.org/wp-content/uploads/2022/06/Sepsis-GP-u5-1.pdf)
* [Screening and action tool for children aged 5-11](https://sepsistrust.org/wp-content/uploads/2022/06/Sepsis-GP-5-11.pdf)
* [Screening and action tool for children and young people aged 12-16](https://sepsistrust.org/wp-content/uploads/2022/05/Sepsis-General-Practice-Under-16.pdf)
* [Screening and action tool for all patients aged 16+](https://sepsistrust.org/wp-content/uploads/2022/05/Sepsis-General-Practice-16.pdf)
* [Screening and action tool for use in pregnancy](https://sepsistrust.org/wp-content/uploads/2022/05/Sepsis-General-Practice-Maternal.pdf)

The [Sepsis manual](https://sepsistrust.org/wp-content/uploads/2022/06/Sepsis-Manual-Sixth-Edition.pdf) (6th edition 2022) provides further detailed information.

If any clinician at Sheerwater Health Centre suspects sepsis, and the physiological observations support this, the clinician is to arrange for the patient to be urgently transferred to hospital for assessment and management. If the diagnosis of sepsis has been considered but ruled out, it is essential that they provide the patient and/or their carer with sufficient safety-netting information, should the patient’s condition deteriorate at a later stage.

All clinicians at this organisation are to consider that people who are normally fit and healthy can compensate physiologically as sepsis develops, and maintain their blood pressure until their illness is quite advanced.

A normally fit patient who reports feeling extremely ill, or a GP with a ‘gut feeling’ that this patient is ill, should trigger urgent action even if the patient’s blood pressure is normal. Further considerations should be given to safety netting, whereby written advice about sepsis is provided to patients who have infections.

Additional reading can be found in the [Safety Netting Policy](https://practiceindex.co.uk/gp/forum/resources/safety-netting-policy.1588/).

## Commitment on sepsis

This organisation ensures that sepsis is routinely discussed at organisation meetings, infection control is effective, information is provided, shared, and recorded, emergency equipment is readily available and in good order, and training for all clinical and non-clinical staff regarding sepsis is undertaken.

At Sheerwater Health Centre, we use sepsis assessment and audit tools and review the management of patients referred to secondary care as part of our continuous improvement process. [include as appropriate]

## Non-clinical staff responsibilities and training

Non-clinical staff are to be trained to appropriately refer the acutely unwell patient to the relevant clinician. Where doubt exists, non-clinical staff should alert a clinical colleague to ensure that patients are afforded the most appropriate level of care in a potentially distressing situation.

At Sheerwater Health Centre it is considered essential to empower receptionists to recognise what does not seem right and to raise concerns. In addition to the [Sepsis training](https://hub.practiceindex.co.uk/courses?offset=50#collapse_1080) that is available on the HUB, the [RCGP Sepsis Toolkit](https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx) has training resources for reception staff and can enable staff to have both confidence and knowledge to raise any concern about an acutely unwell patient and promptly refer them to a clinician.

## Equipment

It is imperative that Sheerwater Health Centre is prepared to deal with patients suffering from suspected sepsis. Therefore, appropriate emergency equipment must be readily available to assess both adults and children who are suspected of having possible sepsis.

Equipment and drugs held should conform to the recommendations as established within both:

* [CQC Mythbuster No 1: Resuscitation in GP surgeries](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-1-resuscitation-gp-surgeries)
* [Resus Council UK: Primary care equipment and drug lists](https://www.resus.org.uk/library/quality-standards-cpr/primary-care-equipment-and-drug-lists#equipment)
* [CQC Mythbuster No 9: Emergency medicines for GP practices](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-9-emergency-medicines-gp-practices)

Note:

* All clinical staff are to have an awareness of the Patient Safety Alert [NHS/PSA/W/2018/009](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102821) that relates to the placement of pulse oximeter probes

## Discussing the unwell patient on the telephone

There may be, on occasion, cases where patients or carers will telephone the organisation requesting an appointment as they are acutely unwell. The receptionist should ask the reason for the appointment and, based upon the information provided (and the level of training they have had), advise the caller that:

* They should attend the organisation for a priority appointment
* A GP or nurse will call them back to discuss the patient (giving a time frame)
* They should call 111 and seek further guidance
* They should call an emergency ambulance

# Appointment priority

Sheerwater Health Centre operates an effective triage system that ensures that patients are seen in accordance with their needs. We deem the under 5s and over 65s to be our most at-risk patient groups, and will, when necessary, prioritise these patients for appointments based upon their clinical need.

The assessment and management of the acutely unwell patient may impact on clinic timings and reception staff are to advise patients that, due to an urgent medical need, the clinic is running late and apologise for any inconvenience caused. Any complaints in such instances should be directed to the practice manager.

# Summary

Sepsis is a life-threatening condition. Early intervention and treatment are key if a positive outcome is to be achieved.

Effective triage and application of the risk stratification tools will support clinicians in ensuring that patients are afforded the necessary level of care at Sheerwater Health Centre and, where appropriate, referred for further care and treatment.