**Sepsis Guidance Document**

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| v1.8 | 08/08/2025 | Sultan Mohamed | Munira Mohamed | This document replaces the policy on Sepsis, now retired |
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# Introduction

## Guidance statement

It is the responsibility of all staff at this organisation 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 that are referenced throughout this document:

* [CQC GP mythbuster 88: Identifying and responding to sepsis](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/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)

Supporting information is available within the organisation’s Medical Emergencies Guidance Document. Furthermore, the sepsis poster has been placed throughout the practice which details the common symptoms of sepsis.

## Status

In accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

# 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. [Just Say Sepsis](http://www.ncepod.org.uk/2015sepsis.html) highlights the importance of accurate early assessment and recording and sharing the 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 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 when sepsis is suspected.

This organisation will use the National Early Warning Score [(NEWS2)](https://www.england.nhs.uk/nationalearlywarningscore/) to enable standardisation and a common language when describing concern and to track deterioration.

If, following a NEWS2 score, there are concerns and the patient is likely to have an infection, the UK Sepsis Trust [SEPSIS acronym](https://sepsistrust.org/about/about-sepsis/) should be used. This acronym has been created to facilitate the appropriate medical emergency response.

## Management in primary care

This organisation ensures that sepsis is routinely discussed at 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.

Clinicians should use the [NICE guidance NG51 Tools and resources](https://www.nice.org.uk/guidance/ng51/resources) to support them when considering a diagnosis of sepsis in addition to the NICE guidance titled [Suspected sepsis: recognition, diagnosis and early management](https://www.nice.org.uk/guidance/ng51). Sepsis assessment and audit tools are used to review the management of patients referred to secondary care as part of the continuous improvement process.

The [UK Sepsis Trust](https://sepsistrust.org/professional-resources/general-practice/) has produced a series of [NICE approved tools and resources](https://sepsistrust.org/healthcare-professionals/clinical-tools/) for general practice that were last updated in 2024. In addition to NEWS2, other tools are currently being trialled as detailed within the [Non-NICE approved tools and resources](https://sepsistrust.org/healthcare-professionals/clinical-tools/) guidance. The [Sepsis Manual](https://sepsistrust.org/wp-content/uploads/2024/07/Sepsis-Manual-7th-Edition-2024-V1.0.pdf) provides further detailed information.

Further additional information can be found in the organisation’s Personalised Care and Safety Netting Policy.

## Non-clinical staff responsibilities and training

Non-clinical staff are to be trained to appropriately refer the acutely unwell patient to the relevant clinician. When 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.

The RCGP has produced the [RCGP Sepsis Toolkit](https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx) which contains training resources for reception staff. This can promote both confidence and knowledge to raise a concern about an acutely unwell patient.

## Equipment

It is imperative that this organisation 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 following guidance:

[CQC GP mythbuster 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 GP mythbuster 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, situations when 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

This organisation 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.