

Person with possible infection

- Think **'could this be sepsis?'** if they present with signs or symptoms that indicate infection, even if they do not have a high temperature.
- Be aware that people with sepsis may have non-specific, non-localising presentations (for example, feeling very unwell).
- Pay particular attention to concerns expressed by the person and family/carer.
- Take particular care in the assessment of people who might have sepsis who are unable, or their parent/carer is unable, to give a good history (for example, young children, people with English as a second language, people with communication problems)

ASSESSMENT

Assess people with suspected infection to identify:

- likely source of infection
- risk factors (**see righthand box**)
- Indicators of clinical concern such as abnormalities of behaviour, circulation or respiration.

Healthcare professionals performing a remote assessment of a person with suspected infection should seek to identify factors that increase risk of sepsis or indicators of clinical concern.

People more vulnerable to sepsis

- the very young (under 1 year) and older people (over 75 years) or very frail people
- recent trauma or surgery or invasive procedure (within the last 6 weeks)
- Impaired immunity due to illness or drugs (for example, people receiving steroids, chemotherapy or immunosuppressants)
- Indwelling lines / catheters / intravenous drug misusers, any breach of skin integrity (for example, any cuts, burns, blisters or skin infections).

If at risk of neutropenic sepsis - refer to secondary care

Additional risk factors for women who are pregnant or who have been pregnant, given birth, had a termination or miscarriage within the past 6 weeks -gestational diabetes, diabetes or other co-morbidities; needed invasive procedure such as caesarean section, forceps delivery, removal of retained products of conception, prolonged rupture of membranes, close contact with someone with group A streptococcal infection, have continued vaginal bleeding or an offensive vaginal discharge).

Sepsis not suspected

- no clinical cause for concern
- no risk factors.

Use clinical judgment to treat the person, using NICE guidance relevant to their diagnosis when available.

SUSPECT SEPSIS

If sepsis is suspected, use a structured set of observations to assess people in a face-to-face setting. Consider using early warning scores in hospital settings. Parental or carer concern is important and should be acknowledged.

Stratify risk of severe illness and death from sepsis using algorithm appropriate to age and setting

Managing suspected sepsis in children aged under 5 years - outside an acute hospital setting

Stratify risk of severe illness and death from sepsis using the risk criteria in the stratification tool for children aged under 5 years

