

# CLINICAL POLICY



Nottinghamshire Hospice  
adding life to days

Policy / Procedure Information (Policy no CS022)	
Subject	<b>Sepsis Recognition Policy for Adults</b> (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice.
Date issued	Aug 2021
Next review date	March 2026
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice.

**IMPORTANT NOTICE:** Staff should always refer to the website folder on the universal drive for the most up to date information.

If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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# **1. Introduction**

Sepsis is the immune system's overreaction to an infection or injury and is a leading cause of death in the United Kingdom with a reported 48,000 cases annually. If not treated immediately, sepsis can result in organ failure and death. **It is a time critical condition and vital that early recognition occurs.**

A Patient Safety Alert in relation to the prompt recognition of sepsis and rapid initiation of treatment has identified that 70% of cases arise in the community. Therefore in order to assist clinicians with the prompt recognition of sepsis it is imperative that they have access to screening tools and clinical guidance to ensure that rapid initiation of treatment occurs.

It is also important to be aware that 1/4 of all sepsis survivors suffer permanent, life-changing after effects (Sepsis UK 2018). If a sepsis survivor that you are caring for reports such affects it is imperative that they are referred to the GP for ongoing psychology support. The UK Sepsis Trust also offers a helpline that patients can access and they can discuss concerns that they have with a qualified sepsis specialist. Local support groups are also detailed on the Sepsis UK Trust website: <https://sepsistrust.org/>

## **2. Evidence Base**

National Institution for Health and Care Excellence guidance for Sepsis: recognition, diagnosis and early management (2017): This guideline covers the recognition, diagnosis and early management of sepsis for all populations.

NHS England has recognised sepsis as an indicator in both Domain 1 and Domain 5 of the National Outcomes Framework and as a result issued a stage 2 alert on Sepsis in 2014. The content of this policy is based on stage 2 alert: *Resources to support the prompt recognition of sepsis and the rapid initiation of treatment (NHS England, 2014)*. The alert recommended the use of clinical toolkits both within primary and secondary care.

## **3. Purpose**

- In primary care there is a lack of immediate access to laboratory services or point of care tests which limits a clinician's ability to distinguish between sepsis, severe sepsis and septic shock. The UK Sepsis trust has produced a toolkit guide and developed the concept of Red Flag sepsis and recognising early warning scores to ensure patients get prompt recognition and treatment for sepsis.
- This policy has been written for all Nottinghamshire Hospice staff within primary care to ensure that staff have access to screening tools and guidance to enable them to promptly recognise signs of sepsis.
- Protect patients and staff from the risks of increased morbidity and mortality associated with a failure to recognise signs of sepsis in a timely manner.

## **4. Scope**

This document is for staff working clinically in Nottinghamshire Hospice who are required to undertake clinical assessments with patients.

## **5. Definitions**

**Sepsis** (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Normally our immune system fights infection – but sometimes, for reasons we don't yet understand, it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. Yet with early diagnosis, it can be treated with antibiotics.

It is a time critical emergency which can occur as a result of the body's response to infection. It is infection plus systemic inflammatory response to infection.

**Sepsis** is when the body's response to infection injures its own tissues and organs. It is a life-threatening condition arising when the body's abnormal, or 'dysregulated', immune response to an infection causes organs to start failing. UK Sepsis Trust (2018)

**Septic shock** is a subset sepsis and is identified by sepsis with hypoperfusion resistant to fluid therapy i.e. cardiovascular dysfunction.

**Duty of Candour** – an organisation must act in an open and transparent way with patients in relation to care and treatment.

## **6. Risk Factors for Sepsis**

**Take into account that people in the groups below are at higher risk of developing sepsis:**

- The very young (under 1 year) and older people (over 75 years) or people who are very frail.
- People who have impaired immune systems because of illness or drugs including:
- People being treated for cancer with chemotherapy (see recommendation 1.1.9)
- People who have impaired immune function (for example, people with diabetes,
- People who have had a splenectomy, or people with sickle cell disease)
- People taking long-term steroids
- People taking immunosuppressant drugs to treat non-malignant disorders such as rheumatoid arthritis
- People who have had surgery, or other invasive procedures, in the past 6 weeks
- People with any breach of skin integrity (for example, cuts, burns, blisters or skin infections)
- People who misuse drugs intravenously
- People with indwelling lines or catheters.

### **Pregnant Women:**

- Women who are pregnant, have given birth or had a termination of pregnancy or miscarriage in the past 6 weeks are in a high risk group for sepsis.

In particular, women who:

- Have impaired immune systems because of illness or drugs.
- Have gestational diabetes or diabetes or other comorbidities.
- Needed invasive procedures (for example, caesarean section, forceps delivery, removal of retained products of conception).
- Had prolonged rupture of membranes.
- Have or have been in close contact with people with group A streptococcal infection, for example, scarlet fever.
- Have continued vaginal bleeding or an offensive vaginal discharge

## **7. Responsibilities**

### **Chief Executive**

The Chief Executive is responsible for ensuring:

- That there are arrangements in place to support Infection Prevention and Control, in particular the relevant policies and training to recognise and promptly address infections.

## **Executive Team**

The Executive Team are responsible for ensuring:

- That staff have access to infection prevention and control policies and guidance to support their daily working practice.

## **Infection Prevention and Control Team**

The Infection Prevention and control team are responsible for:

- Updating this guideline three yearly or more frequently if changes are required.
- Providing advice and training in relation to the recognition of sepsis in primary care.

## **Managerial Responsibilities**

The manager is responsible for:

- Monitoring staff attendance at infection prevention and control training in accordance with the organisation's statutory and essential training matrix.
- Ensuring that all staff has access to the equipment they need to be able to undertake baseline observations e.g. thermometers, blood pressure monitoring equipment, blood glucose monitoring devices to enable prompt sepsis recognition.
- To monitor incidents in which sepsis recognition has not occurred and to ensure such incidents are investigated and lessons learnt.
- Supporting staff with Duty of Candour if sepsis is not recognised and a patient suffers harm as a result.

## **Clinician's Responsibilities**

The clinician is responsible for:

- Using the sepsis screening tools (**when indicated**) and acting on the results (**ADULTS**).
- Attending Infection Prevention and Control Training every 2 years.
- Participating in any investigations as required to ensure learning is cascaded throughout the organisation.

## **8. Risk Management (Indications and Contra-Indications/ Hazards)**

There are no contraindications to staff using this guidance if sepsis is suspected.

## **9. Equipment List**

### **Adult Services.**

Thermometer.

Blood pressure monitoring.

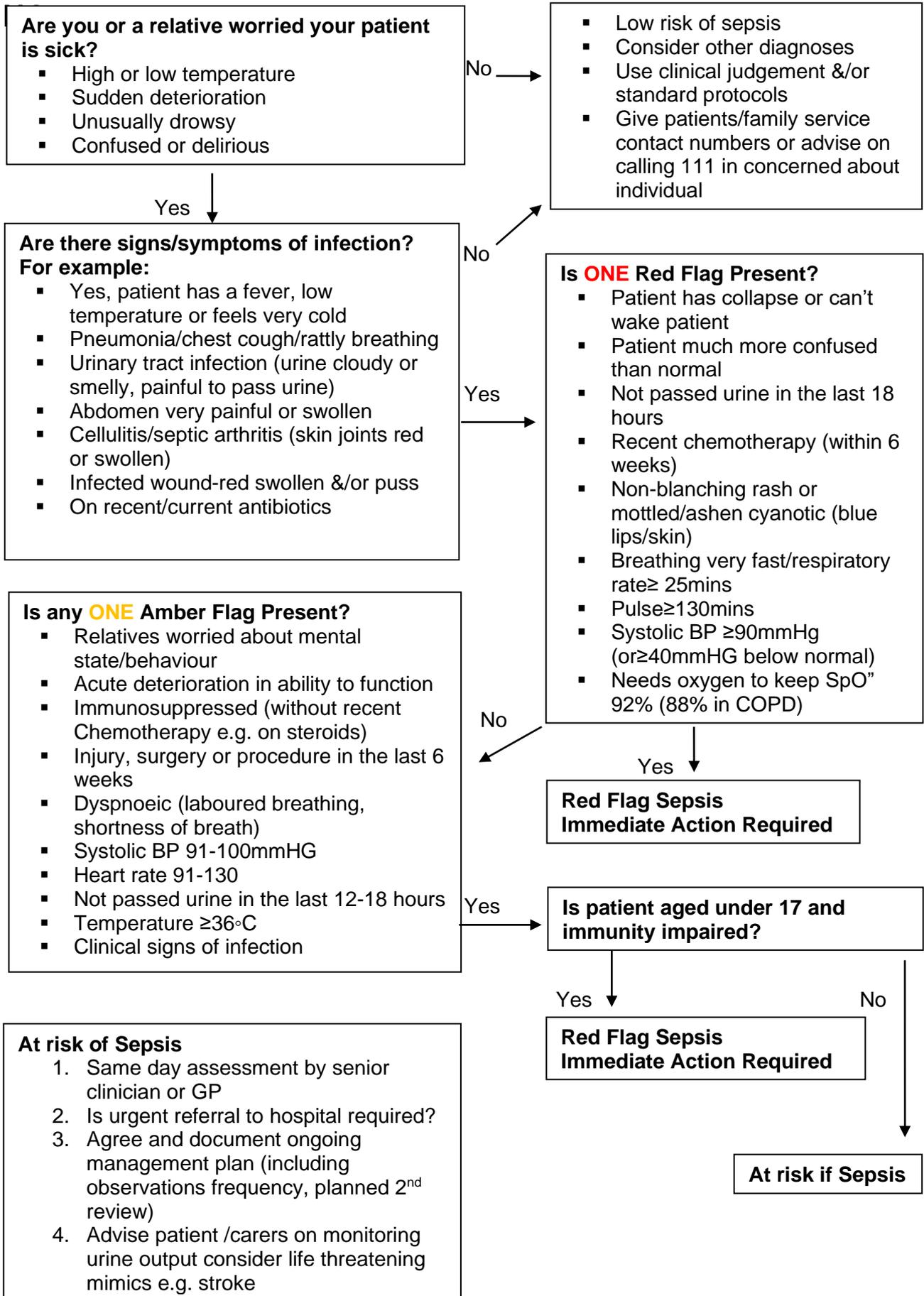
Oxygen Saturation monitoring.

**Guidance suggests undertaking clinical evaluation of sepsis in patients:**

- With clinical evidence of systemic infection (such as recent history of fever). New or acute confusion.
- In whom you are considering antibiotic prescription or discussion.
- You suspect to have flu.
- You suspect to have gastroenteritis.
- Who are obviously unwell without clear cause?
- Who are elderly or immunosuppressed and present with signs of infection.
- Who have deteriorated on antibiotic therapy.

Sepsis screening should therefore commence with basic observations to include measurement of heart rate, respiratory rate, blood pressure, temperature and consciousness level.

# 10. Community Sepsis Screening and Action Tool for non-pregnant adults and young people 12 years and over



Continued on next page:

If the decision is taken to manage patients within a primary care setting, this decision must be documented and a full set of observations including heart rate, respiratory rate, blood pressure, temperature and conscious level.

Arrangements need to be made to review the patient within 24 hours and advice given to the patient and their immediate family / carers to seek immediate medical attention if any of the following develop:

- S**lurred speech
- E**xtrremely painful muscles
- P**assing no urine (in a day)
- S**evere breathlessness
- "I feel like I might die"**
- S**kin mottled or discoloured

Sepsis is a rare but serious condition that can look just like self-limiting infections such as flu, gastroenteritis or chest infections (UK Sepsis Trust Symptom Checker Cards).

The reason this tool is not used with pregnant women or children under 16 is that the symptoms may be less distinctive and therefore it cannot be used as a predictor of how ill someone is and whether further help should be sought. If a pregnant woman has any of the following symptoms then referral for further assessment must be immediately accessed:

- temperature above 38 degrees or below 36,
- new confusion / drowsiness,
- pulse more than 90 beats per minute,
- respiratory rate is more than 20 breaths a minute,
- blood glucose more than 7.7 mmol/l (if not diabetic)
- a white blood cell count above 12 and below  $4 \times 10^9 /L$

## **11. Equality & Diversity Statement**

Less favourable treatment of anyone on the grounds of their age, disability, gender, marital status, being pregnant or on maternity leave, race/ethnicity, religion or belief, sexual orientation, gender reassignment, responsibility for dependents, trade union or political activities, or any other reason which cannot be shown to be justified will not be tolerated. Positive action may be taken to improve the diversity of our workforce to reflect the city's population and to encourage people from protected groups to participate where their level of participation is disproportionately low. (Equality & Diversity Policy 2020).

## **12. Equality Impact Assessment Form (Short)**

		YES/NO	COMMENT
1.	<b>Does the policy affect one group less or more favourably than another on the basis of:</b>	No	Represents all service users.
	Age	No	
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
	Gender Reassignment	No	
	Marriage/Civil Partnership	No	
	Pregnancy/Maternity	No	

	Race	No	
	Religion or Belief	No	
	Sex	No	
	Sexual Orientation	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	Yes	Symptoms in infants and young children can differ to adults.
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	No	
6.	<b>What alternatives are there to achieving the policy without the impact?</b>	No	
7.	<b>How can the impact be reduced by taking different action?</b>	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the sponsoring director; together with any suggestions as to the action required to avoid/reduce this impact

### **13. Monitoring and Review - (of this policy)**

The monitoring of compliance to this document is undertaken through monitoring of incident reports relating to undiagnosed sepsis. The incident reports would be investigated by Team Managers and any emerging trends would be highlighted via the Quality and Safety Group.

If you have any concerns or issues with the contents of this guidance or have difficulty understanding how this guidance relates to you and/or your role, please contact the Infection Prevention and Control Team by telephoning: 0115 8834902.

This document Policy will be reviewed every 5 years or where changes are required.

### **14. Further Guidance**

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact the Infection Prevention and Control Team by telephoning: 0115 8834902.

### **15. References**

Beating Sepsis with Early Detection and Prompt Treatment, NHS England, (2018).

Equality, Diversity and Inclusion Policy, Nottingham CityCare Partnership, (2017).

NHS England Patient Safety Alert: Resources to support the prompt recognition of sepsis and the rapid initiation of treatment (2014).

NHS (2019) Sepsis: Symptoms. Online. Available at: <https://www.nhs.uk/conditions/sepsis/>. Accessed 13/01/2021.

NICE (2017) Sepsis: recognition, diagnosis and early management. Online. Available at: <https://www.nice.org.uk/guidance/ng51/resources/sepsis-recognition-diagnosis-and-early-management-pdf-18375082567>. Accessed 12/01/2021.

Sepsis Trust.Org (2021). About Sepsis. Online. Available at: <https://sepsistrust.org/about/about-sepsis/>. Accessed 12/01/2021.

Sepsis Trust.Org (2021). Sepsis FAQs. Online. Available at: <https://sepsistrust.org/about/about-sepsis/faqs/>. Accessed 13/01/2021

UK Sepsis Trust Clinical Toolkits 2014 – produced in association with NHS England.

## 16. Appendices

### Appendix A

#### Symptom Checker Cards UK Sepsis Trust

A symptom checker card for sepsis. The card has an orange background with a large, glowing, multi-colored circular graphic on the right side. The text is in white and red. The top section states: "SEPSIS IS A RARE BUT SERIOUS CONDITION THAT CAN LOOK JUST LIKE FLU, GASTROENTERITIS OR A CHEST INFECTION." The middle section says: "SEEK MEDICAL HELP URGENTLY IF YOU DEVELOP ANY ONE OF THE FOLLOWING:". Below this is a list of symptoms, each starting with a large red letter: "S LURRED SPEECH", "E XTREME SHIVERING OR MUSCLE PAIN", "P ASSING NO URINE (IN A DAY)", "S EVERE BREATHLESSNESS", "I FEEL LIKE I MIGHT DIE", and "S KIN MOTTLED OR DISCOLOURED". At the bottom left, it says "EMAIL: INFO@SEPSISTRUST.ORG FOR MORE INFORMATION". At the bottom right, it says "THE UK SEPSIS TRUST".

**SEPSIS IS A RARE BUT SERIOUS CONDITION THAT CAN LOOK JUST LIKE FLU, GASTROENTERITIS OR A CHEST INFECTION.**

**SEEK MEDICAL HELP URGENTLY IF YOU DEVELOP ANY ONE OF THE FOLLOWING:**

- S** LURRED SPEECH
- E** XTREME SHIVERING OR MUSCLE PAIN
- P** ASSING NO URINE (IN A DAY)
- S** EVERE BREATHLESSNESS
- I** FEEL LIKE I MIGHT DIE
- S** KIN MOTTLED OR DISCOLOURED

EMAIL: [INFO@SEPSISTRUST.ORG](mailto:INFO@SEPSISTRUST.ORG) FOR MORE INFORMATION

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