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SEPSIS BULLETIN

22 September 2017

[Comparison of qSOFA and SIRS for predicting adverse outcomes of patients with suspicion of sepsis outside the intensive care unit](#)

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) Task Force recently introduced a new clinical score termed quick Sequential (Sepsis-related) Organ Failure Assessment (qSOFA) for identification of patients at risk of sepsis outside the intensive care unit (ICU). This research article concludes that in patients with suspected infection who eventually required admission to the ICU, qSOFA calculated before their ICU admission had greater accuracy than SIRS for predicting mortality and ICU-free days. However, it may be less clear whether qSOFA is also better than SIRS criteria for predicting ventilator free-days and organ dysfunction-free days. These findings may help clinicians gain further insight into the usefulness of qSOFA

[Sepsis: recognition, diagnosis and early management: NICE guideline \[NG51\]](#)

This Guideline was updated in September 2017. It covers the recognition, diagnosis and early management of sepsis for all populations. Key issues include: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training and education. In September 2017, Table 3 recommendations 1.4.9 and

[Reduced rate of intensive care unit acquired gram-negative bacilli after removal of sinks and introduction of 'water-free' patient care](#)

This article concluded that removal of sinks from patient rooms and introduction of a method of 'water-free' patient care is associated with a significant reduction of patient colonization with gram-negative bacilli, especially in patients with a longer ICU length of stay.

[Fever in under 5s: assessment and initial management: Clinical guideline \[CG160\]](#)

This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care. In August 2017, recommendation 1.2.1.2 was added to cross-refer to the NICE guideline on sepsis: recognition, diagnosis and early management. Recommendation 1.4.3.3 was also added, to highlight that clinicians should not use a response to antipyretic therapy alone as a means to differentiate between serious and non-serious infection. A footnote was also added to recommendation 1.2.2.10 and Table 1 to highlight that some vaccinations have been found to induce fever in children younger than 3 months.

[Sepsis Quality standard \[QS161\]](#)

1.9.2 were corrected to give oxygen saturation as less than 92% in air. Table 2 was amended to include tympanic temperature as a moderate risk factor. Table 3 was amended to add pallor of skin, lips or tongue as an intermediate to high risk factor, and recommendation 1.4.9 was amended to remove pale or flushed as an intermediate risk factor.

This quality standard was published in September 2017. It covers the recognition, diagnosis and early management of sepsis for all populations. It describes high-quality care in priority areas for improvement.

[Cross-system sepsis action plan 2017](#)

This document identifies further actions which will be undertaken by healthcare organisations to enable continuing improvements in sepsis care across over the next year. Amongst others, this document is aimed at CCG clinical leaders.

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