SEPSIS

THE UK SEPSIS TRUST

MAKING SENSE OF IT ALL

APRIL 18

@SepsisUK

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser to WHO

SEPSIS

THE UK SEPSIS TRUST

SCALE AND BURDEN

@sepsisuk

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO


Breast cancer
Bowel cancer
Annual UK sepsis deaths

HOSPITAL EPISODE STATISTICS (HES)

www.parliament.uk

Accessibility | Cookies | Email alerts | RSS feeds | Contact us

Search

Home | Parliamentary business | MPs, Lords & offices | About Parliament | Get involved | Visiting | Education

House of Commons | House of Lords | What's on | Bills & legislation | Committees | Publications & records | Parliament TV | News | Topics

You are here: Parliament home page > Parliamentary business > Publications & records > Written Questions and Answers and Written Statements > Sepsis:Written question - 10526

Publications & records

Sepsis:Written question - 10526

Government office region	2010-11	2011-12	2012-13	2013-14	2014-15
Total	91,881	101,015	114,285	122,822	141,772

‘Head counts’

Based on what is written in medical notes

Likely to capture only c. 40% of episodes

(NCEPOD ‘Just say Sepsis’ 2015, Rhee et al AJRCCM 2017)

‘DEFINITE’ SEPSIS CODES

THE UK SEPSIS TRUST

A41.0	Sepsis due to *Staphyloccocus aureus*
A41.5	Sepsis due to other gram-negative organisms
A41.9	Sepsis, unspecified organism
R65.2	Severe sepsis or septic shock
P36.9	Bacterial sepsis of newborn
R65.2	Severe sepsis or septic shock
O85	Puerperal sepsis

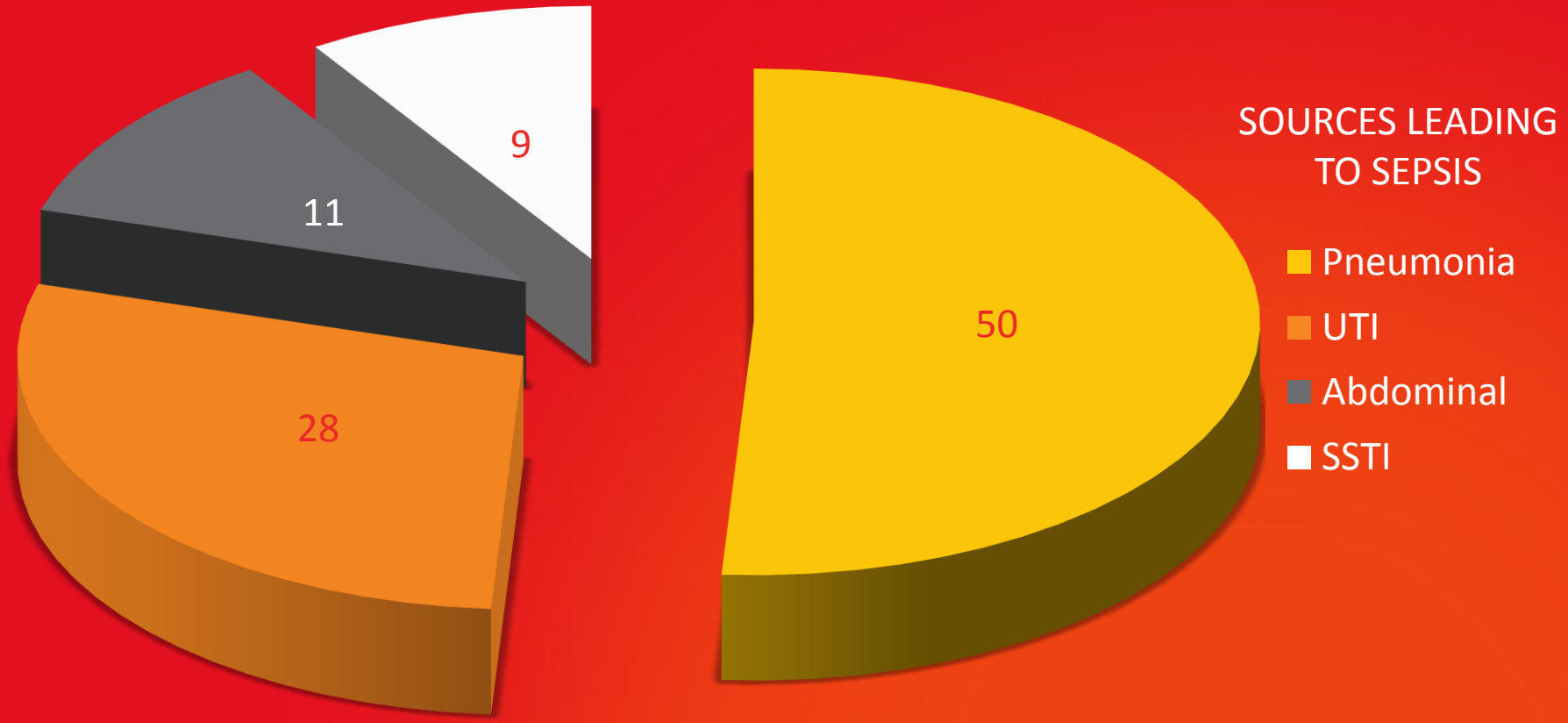
‘DEFINITE’ SEPSIS CODES

THE UK SEPSIS TRUST

A41.0
A41.5
A41.9
R65.2
P36.9
R65.2
O85

200,000 cases (HES data 2017)

WHAT ELSE MIGHT BE SEPSIS?



NCEPOD ‘Just say Sepsis’ 2015

‘MIGHT BE’ SEPSIS CODES

THE UK SEPSIS TRUST

J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
K65.0	Generalised peritonitis
L03.9	Cellulitis, unspecified
L03.1	Cellulitis of limb
N39.0	Urinary tract infection

‘MIGHT BE’ SEPSIS CODES

THE UK SEPSIS TRUST

J18.0
J18.1
J18.9
K65.0
L03.9
L03.1
N39.0

1,700,000 cases (HES data 2017)

MORE CASES THAN WE THOUGHT

THE UK SEPSIS TRUST

Open Forum Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America

hivma hiv medicine association

OXFORD

Sepsis Incidence: A Population-Based Study

Lisa Mellhammar,[1] Sven Wullt,[1] Åsa Lindberg,[2] Peter Lanbeck,[1] Bertil Christensson,[1] and Adam Linder[1]

[1]Department of Clinical Sciences, Division of Infection Medicine, University of Lund, Sweden; [2]Hallands Hospital Halmstad, Sweden

Background. Although sepsis is a major health problem, data on sepsis epidemiology are scarce. The aim of this study was to assess the incidence of sepsis, based on clinical findings in all adult patients treated with intravenous antibiotic in all parts of all hospitals in an entire population.

Methods. This is a retrospective chart review of patients ≥18 years, living in 2 regions in Sweden, who were started on an intravenous antibiotic therapy on 4 dates, evenly distributed over the year of 2015. The main outcome was the incidence of sepsis with organ dysfunction. The mean population ≥18 years at 2015 in the regions was 1 275 753. Five hundred sixty-three patients living in the regions were started on intravenous antibiotic treatment on the dates of the survey. Patients who had ongoing intravenous antibiotic therapy preceding the inclusion dates were excluded, if sepsis was already present.

Results. Four hundred eighty-two patients were included in the study; 339 had a diagnosed infection, of those, 96 had severe sepsis according to the 1991/2001 sepsis definitions, and 109 had sepsis according to the sepsis-3. This is equivalent to an annual incidence of traditional severe sepsis of 687/100 000 persons (95% confidence interval [CI], 549–824) or according to the sepsis-3 definition of 780/100 000 persons (95% CI, 633–926). Seventy-four patients had sepsis according to both definitions.

Conclusions. The incidence of sepsis with organ dysfunction is higher than most previous estimates independent of definition. The inclusion of all inpatients started on intravenous antibiotic treatment of sepsis in a population makes an accurate assessment of sepsis incidence possible.

Keywords. incidence; qSOFA; sepsis; SIRS.

YHEC

York Health Economics Consortium

THE UK SEPSIS TRUST

Depending on the increase in guideline compliance- by 10%, 20% or 30%- the annual direct NHS savings range between £83 million, £166 million and £249 million

SEPSIS

THE UK SEPSIS TRUST

WHAT *DO* WE KNOW?

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO

@sepsisuk

THE UK SEPSIS TRUST

SEPSIS is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

SEPSIS NOMENCLATURE 2018

THE UK SEPSIS TRUST

SEPSIS

THE UK SEPSIS TRUST

SCREENING PROMPTS

Q-SOFA

THE UK SEPSIS TRUST

‘Quick-SOFA’, proposed by International Task Force

Based on retrospective analysis of data

>2 criteria carry higher predictive risk of death or ITU admission

Respiratory rate of 22/min or greater

Altered mentation (glasgow coma scale of less than 15)

Systolic blood pressure of 100 mm hg or less

qSOFA CRASHES & BURNS??

THE UK SEPSIS TRUST

PulmCrit – Bad news for sepsis-3.0: qSOFA fails validation

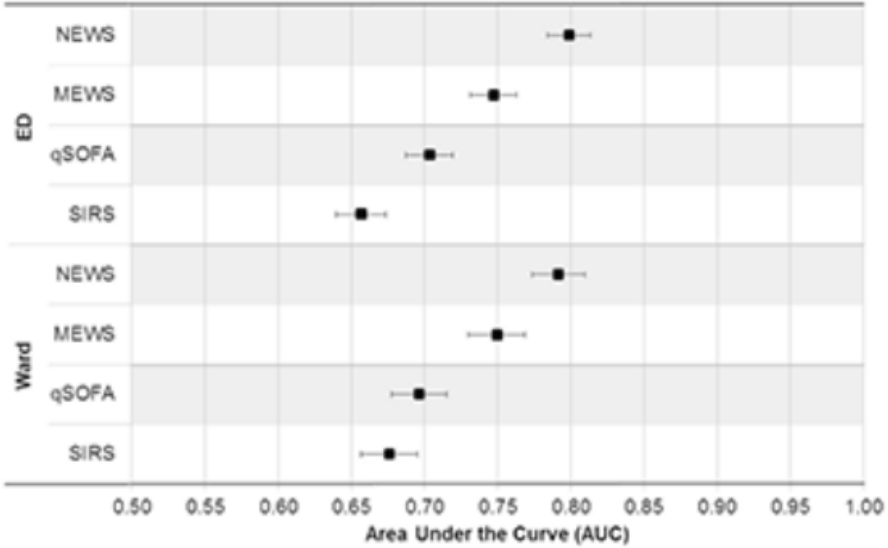
October 1, 2016 by Josh Farkas — 9 Comments

Sepsis 3.0 replaced the SIRS criteria with a new risk-stratification tool, qSOFA. qSOFA was initially developed *within* the Sepsis-3 publication itself. Until now, qSOFA has never been validated. The value of qSOFA vs. SIRS remains controversial.

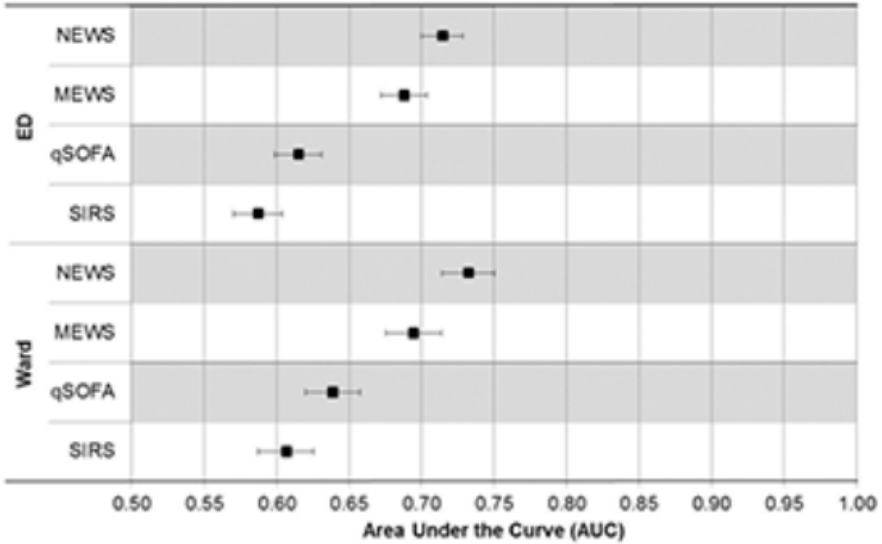
Churpek 2016: qSOFA, SIRS, and early warning scores for detecting clinical deterioration in infected patients outside the ICU.

Overall test performance

Mortality outcome



Mortality or ICU admission

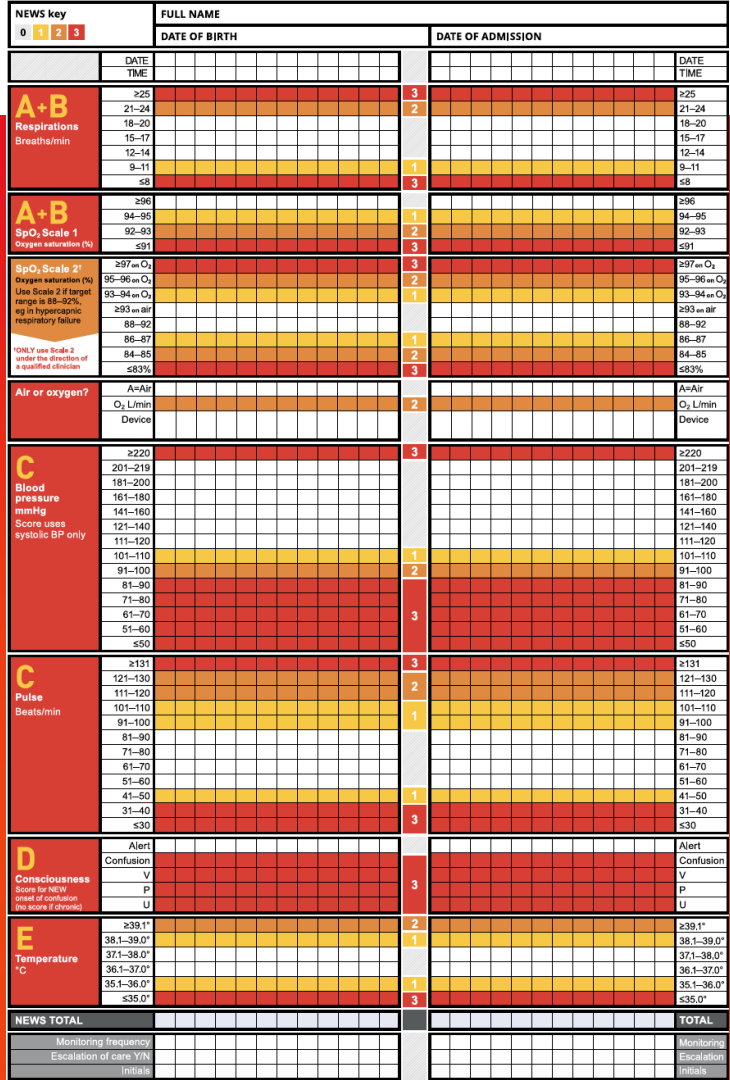


NEWS-2

Second version, created by Royal College of Physicians

Appears at least as predictive as q-SOFA in identifying patients with infection at risk of deterioration

NHS recommends ‘Think Sepsis’ if total NEWS-2 is 5 or above



NEWS & SEPSIS n=21,000

NEWS	Age	Mortality %
4+	68	20
6+	69	23
8+	71	29

NEWS & SEPSIS n=21,000

NEWS	Age	Mortality %
4+	68	20
6+	69	23
8+	71	29
4+ and lactate <2		15.9
4+ and lactate 2-4		21
4+ and lactate >4		32.5

NEWS & SEPSIS n=21,000

NEWS	%	Mortality %
4+ and lactate <2		15.9
4+ and lactate 2-4		21
4+ and lactate >4		32.5
5+	100	21
5+ and Red Flag	81.7	23
5+ no Red Flag	18.3	13

RISK FACTORS

THE UK SEPSIS TRUST

-Extremes of age (<1, >75)

-Recent surgery, procedure or injury (within 6 weeks)

-Immunosuppressed/ taking immunosuppressant drugs

including e.g. diabetes, steroid use, asplenic

-Women who are pregnant (or have recently been)

Particularly after procedures, if have gestational diabetes, prolonged rupture of membranes, contact with GAS

-Neonates

Particularly if Mum has infection, history of/ current GBS, prolonged rupture of membranes

[Adapted from NICE guideline NG51]

Most organisations recommend staff Think Sepsis in any patient with EITHER a NEWS2 score of 5 or higher OR a qSOFA score of 2 or higher AS WELL AS in patients with any risk factors

SEPSIS

THE UK SEPSIS TRUST

TREATMENT PROMPTS

@sepsisuk

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO

General Practice Sepsis Decision Support Tool

To be applied to all non-pregnant adults & young people 12 years and over with fever (or recent fever) symptoms
N.B: there is no systems substitute for clinical experience & acumen, but Red Flag Sepsis will help with early identification of adults & older children with systemic response to infection

THE UK SEPSIS TRUST

1. In the context of presumed infection, are any of the following true:

(common sources: chest, UTI, abdominal organs)

	Tick
Patient looks very unwell	☐
Family or carer is very concerned	☐
There is ongoing deterioration	☐
Physiology is abnormal for this patient	☐

N → Low risk of sepsis. Consider other diagnoses.
Use clinical judgement and/or standard protocols.

Y ↓

2. Is **ONE** Red Flag present?

	Tick
New deterioration in GCS/ AVPU	☐
Systolic B.P ≤90 mmHg (or ≥40 mmHg below normal)	☐
Heart rate ≥130 per minute	☐
Respiratory rate ≥25 per minute	☐
Needs oxygen to keep SpO_2 92% (88% in COPD)	☐
Non-blanching rash or mottled/ ashen/ cyanotic	☐
Not passed urine in last 18 hours	☐
Urine output less than 0.5 ml/kg/hr if catheterised	☐
Recent chemotherapy (within last 6 weeks)	☐

N → Give safety netting advice: call 999 if patient deteriorates rapidly, or call 111/ arrange to see GP if condition fails to improve or gradually worsens. Signpost to available resources as appropriate.

↑ N

3. Is any ONE Amber Flag present?

	Tick
Relatives worried about mental state/ behaviour	☐
Acute deterioration in functional ability	☐
Immunosuppressed (without recent chemotherapy)	☐
Trauma, surgery or procedure in last 6 weeks	☐
Respiratory rate 21-24 OR dyspnoeic	☐
Systolic B.P 91-100 mmHg	☐
Heart rate 91-130 OR new dysrhythmia	☐
Not passed urine in last 12-18 hours	☐
Tympanic temperature ≤36°C	☐
Clinical signs of wound, device or skin infection	☐

If under 18 & immunity impaired treat as Red Flag Sepsis

Y ↓

Sepsis likely

Use clinical judgment to determine whether patient can be managed in community setting. If treating in the community, consider:

- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

Y ↓

Red Flag Sepsis!

Immediate actions:

Dial 999
Arrange blue light transfer
Administer oxygen to maintain saturations >94%

Communication:

Write a brief clear handover including observations and antibiotic allergies where present
Ensure Paramedics pre-alert as 'Red Flag Sepsis'

THE UK SEPSIS TRUST

General Practice Sepsis Decision Support Tool

To be applied to all non-pregnant adults & young people 12 years and over with fever (or recent fever) symptoms

N.B: there is no systems substitute for clinical experience & acumen, but Red Flag Sepsis will help with early identification of adults & older children with systemic response to infection

THE UK SEPSIS TRUST

1. In the context of presumed infection, are any of the following true:

(common sources: chest, UTI, abdominal organs)

	Tick
Patient looks very unwell	☐
Family or carer is very concerned	☐
There is ongoing deterioration	☐
Physiology is abnormal for this patient	☐

N →

Low risk of sepsis. Consider other diagnoses.

Use clinical judgement and/or standard protocols.

Give safety netting advice: call 999 if patient deteriorates rapidly, or call 111/ arrange to see GP if condition fails to improve or gradually worsens. Signpost to available resources as appropriate.

N ↑

3. Is any ONE Amber Flag present?

Tick

THE UK SEPSIS TRUST

2. Is **ONE** Red Flag present?

	Tick
New deterioration in GCS/ AVPU	☐
Systolic B.P ≤90 mmHg (or ≥40 mmHg below normal)	☐
Heart rate ≥130 per minute	☐
Respiratory rate ≥25 per minute	☐
Needs oxygen to keep SpO_2 92% (88% in COPD)	☐
Non-blanching rash or mottled/ ashen/ cyanotic	☐
Not passed urine in last 18 hours	☐
Urine output less than 0.5 ml/kg/hr if catheterised	☐
Recent chemotherapy (within last 6 weeks)	☐

N

Y

Red Flag Sepsis!

Immediate actions:

Dial 999

Arrange blue light transfer

Administer oxygen to maintain saturations >94%

Communication:

Write a brief clear handover including observations and antibiotic allergies where present

Ensure Paramedics pre-alert as 'Red Flag Sepsis'

THE UK SEPSIS TRUST

3. Is any ONE Amber Flag present?

	Tick
Relatives worried about mental state/ behaviour	☐
Acute deterioration in functional ability	☐
Immunosuppressed (without recent chemotherapy)	☐
Trauma, surgery or procedure in last 6 weeks	☐
Respiratory rate 21-24 OR dyspnoeic	☐
Systolic B.P 91-100 mmHg	☐
Heart rate 91-130 OR new dysrhythmia	☐
Not passed urine in last 12-18 hours	☐
Tympanic temperature ≤36°C	☐
Clinical signs of wound, device or skin infection	☐

If under 18 & immunity impaired treat as Red Flag Sepsis

Y

Sepsis likely

Use clinical judgment to determine whether patient can be managed in community setting. If treating in the community, consider:

- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

SEPSIS

THE UK SEPSIS TRUST

INTERVENTIONS

@sepsisuk

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO

SSC 2016

THE UK SEPSIS TRUST

Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016

Andrew Rhodes, MB BS, MD(Res) (Co-chair)[1]; Laura E. Evans, MD, MSc, FCCM (Co-chair)[2]; Waleed Alhazzani, MD, MSc, FRCPC (methodology chair)[3]; Mitchell M. Levy, MD, MCCM[4]; Massimo Antonelli, MD[5]; Ricard Ferrer, MD, PhD[6]; Anand Kumar, MD, FCCM[7]; Jonathan E. Sevransky, MD, FCCM[8]; Charles L. Sprung, MD, JD, MCCM[9]; Mark E. Nunnally, MD, FCCM[2]; Bram Rochwerg, MD, MSc (Epi)[3]; Gordon D. Rubenfeld, MD (conflict of interest chair)[10]; Derek C. Angus, MD, MPH, MCCM[11]; Djillali Annane, MD[12]; Richard J. Beale, MD, MB BS[13]; Geoffrey J. Bellinghan, MRCP[14]; Gordon R. Bernard, MD[15]; Jean-Daniel Chiche, MD[16]; Craig Coopersmith, MD, FACS, FCCM[8]; Daniel P. De Backer, MD, PhD[17]; Craig J. French, MB BS[18]; Seitaro Fujishima, MD[19]; Herwig Gerlach, MBA, MD, PhD[20]; Jorge Luis Hidalgo, MD, MACP, MCCM[21]; Steven M. Hollenberg, MD, FCCM[22]; Alan E. Jones, MD[23]; Dilip R. Karnad, MD, FACP[24]; Ruth M. Kleinpell, PhD, RN-CS, FCCM[25]; Younsuk Koh, MD, PhD, FCCM[26]; Thiago Costa Lisboa, MD[27]; Flavia R. Machado, MD, PhD[28]; John J. Marini, MD[29]; John C. Marshall, MD, FRCSC[30]; John E. Mazuski, MD, PhD, FCCM[31]; Lauralyn A. McIntyre, MD, MSc, FRCPC[32]; Anthony S. McLean, MB ChB, MD, FRACP, FJFICM[33]; Sangeeta Mehta, MD[34]; Rui P. Moreno, MD, PhD[35]; John Myburgh, MB ChB, MD, PhD, FANZCA, FCICM, FAICD[36]; Paolo Navalesi, MD[37]; Osamu Nishida, MD, PhD[38]; Tiffany M. Osborn, MD, MPH, FCCM[31]; Anders Perner, MD[39]; Colleen M. Plunkett[25]; Marco Ranieri, MD[40]; Christa A. Schorr, MSN, RN, FCCM[22]; Maureen A. Seckel, CCRN, CNS, MSN, FCCM[41]; Christopher W. Seymour, MD[42]; Lisa Shieh, MD, PhD[43]; Khalid A. Shukri, MD[44]; Steven Q. Simpson, MD[45]; Mervyn Singer, MD[46]; B. Taylor Thompson, MD[47]; Sean R. Townsend, MD[48]; Thomas Van der Poll, MD[49]; Jean-Louis Vincent, MD, PhD, FCCM[50]; W. Joost Wiersinga, MD, PhD[51], Janice L. Zimmerman, MD, MACP, MCCM[52]; R. Phillip Dellinger, MD, MCCM[22]

[1]St. George's Hospital London, England, United Kingdom.
[2]New York University School of Medicine New York, NY.
[3]McMaster University Hamilton, Ontario, Canada.
[4]Brown University School of Medicine Providence, RI.
[5]Instituto di Anestesiologia e Rianimazione, Università Cattolica del Sacro Cuore, Rome, Italy.
[6]Vall d'Hebron University Hospital Barcelona, Spain.
[7]University of Manitoba Winnipeg, Manitoba, Canada.
[8]Emory University Hospital Atlanta, GA.
[9]Hadassah Hebrew University Medical Center Jerusalem, Israel.
[10]Sunnybrook Health Sciences Centre Toronto, Ontario, Canada.
[11]University of Pittsburgh Critical Care Medicine CRISMA Laboratory Pittsburgh, PA.
[12]Hospital Raymond Poincare Garches, France.
[13]Saint Thomas Hospital London, England, United Kingdom.
[14]University College London Hospitals London, England, United Kingdom.
[15]Vanderbilt University Medical Center Nashville, TN.
[16]Service de Reanimation Medicale Paris, France.


THE UK SEPSIS TRUST
THE SEPSIS SIX
1. Give 02 to keep SATS above 94%
2. Take blood cultures
3. Give IV antibiotics
4. Give a fluid challenge
5. Measure lactate
6. Measure urine output
JUST ASK
"COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.

Your logo

Sepsis Six Pathway

To be applied to all adults and young people over 12 years of age with suspected or confirmed Red Flag Sepsis

THE UK SEPSIS TRUST

Make a treatment escalation plan and decide on CPR status
Inform Consultant *(use SBAR)* patient has Red Flag Sepsis

Time zero	Consultant informed? (tick)	Initials

Action (complete ALL within 1 hour)	Time complete	Initials	Reason not done/variance
1. Administer oxygen Aim to keep saturations > 94% (88-92% if at risk of CO_2 retention e.g. COPD)			
2. Take blood cultures At least a peripheral set. Consider e.g. CSF, urine, sputum *Think source control!* Call surgeon/ radiologist if needed *CXR and urinalysis for all adults*			
3. Give IV antibiotics According to Trust protocol Consider allergies prior to administration			

4. Give IV fluids If hypotensive/ lactate >2mmol/l, 500 ml stat. May be repeated if clinically indicated- do not exceed 30ml/kg			
5. Check serial lactates Corroborate high VBG lactate with arterial sample *If lactate >4mmol/l, call Critical Care and recheck after each 10ml/kg challenge*			*Not applicable- initial lactate <2* ☐
6. Measure urine output May require urinary catheter Ensure fluid balance chart commenced & completed hourly			

If after delivering the Sepsis Six, patient still has:

- systolic BP <90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing

or if patient is clearly critically ill at any time

Space available for local short antimicrobial guideline/ escalation policy

OUTCOMES

	COHORT SIZE (%)	MORTALITY (%)	'RRR' (%)
Total	567 (100)	34.7	-
No Sepsis Six	347 (61.2)	44.0	
Sepsis Six	220 (38.8)	20.0	46.6 (4.16)

SEPSIS IN CHILDREN

THE UK SEPSIS TRUST

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO

@sepsisuk

G.P. Paediatric Sepsis Decision Support Tool

THE UK SEPSIS TRUST

To be applied to all children under 5 years who have a suspected infection or have clinical observations outside normal limits

1. In the context of presumed infection, are any of the following true:

(consider pneumonia, meningitis/encephalitis, urinary tract infection, intra-abdominal infection, acquired bacteraemia (e.g. Group B Strep))

	Tick
Patient looks very unwell	☐
Parent or carer is very concerned	☐
There is ongoing deterioration	☐
Physiology is abnormal for this patient	☐

N →

Low risk of sepsis. Consider other diagnoses.

Use clinical judgment and/or standard protocols.

THE UK SEPSIS TRUST

2. Is **ONE** Red Flag present?

	Tick
Unresponsive to social cues/ difficult to rouse	☐
Health professional very worried	☐
Weak, high pitched or continuous cry	☐
Grunting respiration or apnoeic episodes	☐
SpO_2 < 90%	☐
Severe tachypnoea (see table)	☐
Severe tachycardia (see table)/ bradycardia < 60	☐
No wet nappies/ not passed urine in last 18 h	☐
Non-blanching rash or mottled/ ashen/ cyanotic	☐
Temperature < 36°C	☐
If under 3 months, temperature > 38°C	☐

THE UK SEPSIS TRUST

2. Is **ONE** Red Flag present?

	Tick
Unresponsive to social cues/ difficult to rouse	☐
Healt	
Weak	
Grunt	
SpO_2	
Sever	
Sever	
No w	
Non-	
Temperature < 36°C	☐
If under 3 months, temperature > 38°C	☐

Age	Tachypnoea		Tachycardia	
	Severe	Moderate	Severe	Moderate
< 1 y	≥ 60	50-59	≥ 160	150-159
1-2 y	≥ 50	40-49	≥ 150	140-149
3-4 y	≥ 40	35-39	≥ 140	130-139

SEPSIS

THE UK SEPSIS TRUST

FIXING THE SYSTEM

Dr Ron Daniels B.E.M.
CEO, UK Sepsis Trust
CEO, Global Sepsis Alliance
Special Adviser (maternal sepsis) to WHO

@sepsisuk

THE UK SEPSIS TRUST

- OUT OF HOURS (OOH)/ TELEPHONE TRIAGE +
- COMMUNITY SERVICES +
- GENERAL PRACTICE +
- PREHOSPITAL CARE/ AMBULANCE SERVICES +
- EMERGENCY MEDICINE AND ACUTE MEDICAL UNITS +
- ACUTE HOSPITAL INPATIENTS +
- LABORATORY SERVICES +
- DENTAL SERVICES +

THE UK SEPSIS TRUST

THE UK SEPSIS TRUST

Our work | News, blogs and events | Your area | About

Health Education England

Raising awareness of sepsis

Sepsis awareness

Sepsis is a common and potentially life-threatening condition triggered by an infection which causes the body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. It claims more lives than lung cancer, and is the second biggest killer after cardiovascular disease. There are an estimated 123,000 cases of sepsis per year in England, and around 36,800 associated deaths. In many cases however, sepsis is avoidable and treatable and early identification is key to successfully treating sepsis.

Through the cross-system expert sepsis board, led by NHS England, we have contributed to this cross-system work which led to the

'The same muscle and effort should be put into sepsis as for meningitis, MRSA and C Diff'

World Health Organization

Global Sepsis Alliance

EXECUTIVE BOARD
140th session
Provisional agenda item 7.2

EB140/12
9 January 2017

Improving the prevention, diagnosis and clinical management of sepsis

Report by the Secretariat

1. Sepsis arises when the body's response to infection injures its own tissues and organs. It can lead to septic shock, multiple organ failure and death, if not recognized early and managed promptly. It is a major cause of maternal and neonatal morbidity and mortality in low- and middle-income countries and affects millions of hospitalized patients in high-income countries, where rates of sepsis are climbing rapidly. The present report summarizes the problem of sepsis as a key issue for global health, describes the Secretariat's actions to address it and briefly outlines priority actions for the future.

2. An international consensus has recently recommended that sepsis should be defined as "life-

World Health Organization

Global Sepsis Alliance

EXECUTIVE BOARD
140th session
Provisional agenda item 7.2

EB140/12
9 January 2017

Improving the prevention, diagnosis and clinical management of sepsis

PP3. Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

lead to septic shock, multiple organ failure and death, if not recognized early and managed promptly. It is a major cause of maternal and neonatal morbidity and mortality in low- and middle-income countries and affects millions of hospitalized patients in high-income countries, where rates of sepsis are climbing rapidly. The present report summarizes the problem of sepsis as a key issue for global health, describes the Secretariat's actions to address it and briefly outlines priority actions for the future.

2. An international consensus has recently recommended that sepsis should be defined as "life-

THE UK SEPSIS TRUST

World Health Organization

Global Sepsis Alliance

Urging member states to

All member states to report to WHO DG by May 2020….

Promote public awareness by … the term “sepsis” in communication with … ties

Engage in ad… **sepsis awareness** by supporting activities promoting su… including but not restricted to World Sepsis Day

Apply and improve the use of the **International Classification of Diseases** system to establish the prevalence of sepsis


BIRMINGHAM MOOR STREET
Chiltern Railways
4518
West Midlands Ambulance Service NHS
NHS Foundation Trust
4518
EMERGENCY AMBULANCE
For life-threatening emergencies it's 999
CALL 111
The NHS number when it's not a 999 emergency
www.wmas.nhs.uk
ACTING QUICKLY CAN SAVE 14,000 LIVES FROM SEPSIS
NHS
For more information visit www.sepsistrust.org
ESPRESSO

THE UK SEPSIS TRUST


JUST ASK
SEPSIS?


JUST ASK...
JUST ASK...
LIBRARY CAFE
LIBRARY CAFE


IF YOU'RE FEVERISH OR SHIVERING
AND FEELING REALLY UNWELL
NHS
JUST ASK
"COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION,
BUT IT COULD SAVE LIVES.
Please support our work by donating now at www.sepsistrust.org


JUST ASK...
Shine a light on
SEPSIS


Shine a light on
THIS WEEK LET'S SEPSIS IN BIRMINGHAM
19 - 25 FEBRUARY 2018
JUST ASK "COULD IT BE SEPSIS?"


HSBC
HSBC Advance
Contact tel 03457 404 404
see reverse for call times
Text phone 03457 125 563
used by deaf or speech impaired customers
www.hsbc.co.uk
Your Statement
NHS
JUST ASK
"COULD IT BE SEPSIS?"
IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.
www.sepsistrust.org
THE UK SEPSIS TRUST
in association with
HSBC
Payment type and details
www.hsbc.co.uk
If you change address
please let us know
CS 10022


Do not take any risks
IF YOU'RE GOING DOWNHILL FAST,
JUST ASK "COULD IT BE SEPSIS?"
Sepsis is easily mistaken for a bad stomach bug or flu. It kills 44,000 a year in the UK. But it is treatable if caught early.
For a symptom checklist, text SEPSIS to XXXXX.
NHS
www.sepsistrust.org
THE UK SEPSIS TRUST


REFRESHMENT KIOSK DOWNSTAIRS
WHEN SEPSIS STRIKES AWARENESS IS THE BEST DEFENCE
If you or a relative feel so bad you need A&E, JUST ASK "COULD IT BE SEPSIS?"
THE UK SEPSIS TRUST
www.sepsistrust.org


RACINGUK.com
PPM
ApolloBET.com
DON'T WAIT TILL THE FINAL FURLONG
If it's bad enough for A&E
JUST ASK "COULD IT BE SEPSIS?"


JUST ASK
"COULD IT BE
SEPSIS?"
THE UK SEPSIS TRUST
www.sepsistrust.org
GRAND NATIONAL FESTIVAL
RANDOX

SEPSIS

THE UK SEPSIS TRUST

TOGETHER WE CAN SAVE 14,000 LIVES