



Sepsis



The University of Zambia
School of Public Health ◦ Family Medicine MMed Program

Sepsis Admission Checklist

Early Recognition

Document: Sepsis diagnosis

Suspected source

qSOFA ≥ 2

- ✓ SBP < 100 mmHg
- ✓ Respiratory rate ≥ 22
- ✓ GCS < 15

Immediately

- ✓ Full PE: look for source
- ✓ Monitor
 - BP, HR, SpO2, urine output
 - Repeat 30min after IVF started
- ✓ IV access: 2 large bores

Investigations

Bedside

- ✓ Urinalysis
- ✓ HIV (if unknown/neg)
- ✓ RDT
- ✓ RBS (twice daily)

Send out

- ✓ Blood culture x2
- ✓ Urine culture
- ✓ FBC, LFTs, RFTs
- ✓ aPTT, PT, INR
- ✓ CXR
- ✓ Lactate (if available)

IV Fluids: LR or 0.9% NS

- ✓ Choose 1.5L or 2L
- ✓ Give within the first 3 hours

Antibiotics

Start as soon as cultures are drawn

Source	Empiric Antibiotics	Duration
Pulmonary	Ceftriaxone 1-2g/d + azithromycin 500mg d	7-10 days
Intra-abdominal & Unknown	Ceftriaxone 1-2g/d + metronidazole 500mg q12hr	7-10 days
Complicated UTI	Ceftriaxone 1g/d	7-10 days
Skin/soft tissue	Clindamycin 900mg IV q8hr	7-10 days
Meningitis	Ceftriaxone 2g/d + dexamethasone 0.4mg/kg/q12hr (not in HIV) + Acyclovir 10mg/kg IV td until herpes ruled out	7-21 days



SCAN ME

DO NOT DELAY CARE

REASSESS PATIENT IN 1 HOUR