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# Patient Safety Briefing

February 2021

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## **Briefing sent on behalf of the Deteriorating Patient Group**

There have been documented instances where the medical team in charge of a patient's care have overruled the Sepsis screening guidelines and stipulated "not for sepsis screening" in response to an alert triggered by a raised NEWS in a patient with COVID.

## **Sepsis**

Sepsis is a serious complication of an infection and without quick treatment, sepsis can lead to multiple organ failure and death. It is essential staff can identify the deteriorating patient and are familiar with the process for screening and treating severe Sepsis.

COVID-19 is characterised by a sharp rise in the NEWS score which is often prolonged and does not respond to the usual supportive measures that form part of the sepsis six including oxygen therapy and intravenous fluid boluses. This leads to a perception that the sepsis screen is not relevant for these patients and for medical teams to direct that the patient is not for sepsis screening.

Although COVID-19 normally responds more readily to other measures such as steroids and prone positioning, the evidence available illustrates sepsis is a common cause of death amongst hospitalised COVID-19 patients (Chen et al cited Lancet 2020;395;507-513), therefore rigorous screening and treatment is essential.

**All patients with NEWS  $\geq$  5 (or 3 in one parameter for patients receiving cancer treatment) should be screened for Sepsis.**

It is **not** acceptable for any clinical staff to overrule the need for Sepsis Screening, as such documentation "Not for Sepsis Screening" is unacceptable and all patients should be screened in line with policy and National guidance.

If positive for Red Flag Sepsis the clinical decision for treatment is the responsibility of the parent team or responding senior clinician. Decisions not to treat (as per guidance and in line with the bundle) should be made on an individual basis and clinical rationale clearly documented in the patients notes and reflected in the sepsis screen on WebV.

- Ward Based Care/not for resuscitation does not mean; 'not for treatment' and as such patients should still be screened for sepsis
- Although frequency of observations can be altered depending on the patient's baseline (as agreed with their parent team) this **does not** apply to sepsis and screening must continue as per Trust and National guidance.

# Recommendations

- Current guidelines for screening patients if the NEWS is  $\geq 5$  should be applied to all patients as the virus can provoke the same response as any infection and lead to multi-organ failure and increased mortality.
- If positive for red flag sepsis, the medical team should consider the patient's individual circumstances, if deemed not for treatment this should be documented within the sepsis bundle on WebV and the patients notes.
- If an overall decision is made to stop all treatment this should be reflected in the discussions made with the patient/relatives as part of the ReSPECT process and appropriately documented.
- The Sepsis flow chart is shown below:

## **SEPSIS SCREENING FLOW CHART**

