



Patient Safety Briefing

May 2020

Patient safety briefing on behalf of the Sepsis Practitioners

This Patient Safety Briefing is to highlight the importance of recognising sepsis in complex clinical presentations.

Following Serious Incident reviews, there were 2 cases highlighted whereby patients did not receive sepsis screens and treatment in contravention of the Trust observation policy that states that all Adult patients with a NEWS score of 5 or more should be screened for sepsis. The root cause for the failures in these patients' care was identified as an over emphasis on the presenting features and a lack of sufficient efforts to investigate alternative diagnoses, specifically infection and sepsis.

These cases are outlined below

Case Review 1

Patient admitted to the admissions ward with diarrhoea, which was thought to be secondary to a flare of ulcerative colitis - a subsequent stool culture confirmed that this was *Clostridium difficile* associated diarrhoea. The initial management plan focused on attributing the profound hypotension to the diarrhoea and consideration was not given to a suspicion of sepsis despite the NEWS score triggering an electronic prompt for sepsis. A sepsis screen undertaken for a later NEWS of 7 wrongly concluded that the patient did not have sepsis despite 2 red flags being present.

The patient's condition continued to deteriorate over their 6 day stay with several missed opportunities to consider sepsis despite review by the consultant team and on-call registrar who appear to have focused on the *Clostridium difficile* management and failed to review a chest x-ray that showed bilateral consolidation or acknowledge a neutropenic sepsis. By the time sepsis was recognised and antibiotics prescribed, it was too late to alter the outcome. A further delay was encountered because the prescription of antibiotics was made dependant on a gastroenterology opinion and advice was not sought from the anti-microbial pharmacist.

Outcome: The patient died shortly after sepsis was recognised and the intervention at this time was with a defined ceiling of care following discussions with the immediate family and completion of a ReSPECT form which precluded any invasive treatment.

Case Review 2

Patient admitted to the ED department with Haematuria and a NEWS score of 7. A sepsis screen was not undertaken until 6 hours later and the sepsis bundle was not completed in full until a further 5 hours had elapsed. The patient had been admitted in error to the wrong ED, as the receiving site that weekend was our other hospital.

The subsequent focus of care was directed towards transferring the patient to the receiving site and the diagnosis was labelled as haematuria. The NEWS score remained above 7 and scores of 11 were recorded without infection or sepsis being treated until 12 hours after the patients presentation with red flag sepsis.

Outcome: The patient died shortly after severe sepsis was recognised and after a further delay was encountered following an erroneous prescription of a penicillin based antibiotic in a known allergy and this led in turn to prescription of a sub-optimal antibiotic as the anti-microbial guidelines were not followed. The clinical picture should have directed staff to seek advice from the on-call microbiologist at an earlier stage.



Learning / what you need to do:

- Sepsis screening should be undertaken in all Adult patients with a NEWS score of 5 or more.
- Avoidance of labelling clinical presentations at the expense of applying clinical curiosity to the consideration of alternative diagnoses.
- Referral to other specialties should not replace robust clinical management plans based on the individual patient's presentation.
- Where tests and investigations are ordered, the responsible clinician has a duty to review the results in a timely manner.
- Antibiotic treatment should follow the agreed Trust anti-microbial guidelines and where the complexities of the patient's condition require amended treatment plans this should be discussed promptly with the microbiologist.

Resources available:

Sepsis bundle Nice guidelines:

<http://ulhintranet/download.cfm?doc=docm93jijm4n26181.pdf&ver=65145>

Trust observation policy

Sepsis intranet site:

<http://ulhintranet/sepsis>

Antibiotic prescribing policy:

<https://webdocsys/Views/DetailView.aspx?doc=3609>