

Sepsis recognition and antibiotic timing

Standard operating procedure (SOP) | HOS-SOP-003

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Title	Sepsis recognition and antibiotic timing
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Screen every suspected infection with the sepsis screen.
2. If the screen is positive, start the sepsis pathway at once.
3. Give antibiotics within the time set in this procedure.
4. Record the recognition time and the antibiotic time.

Stop and get help straight away if: a patient has a positive sepsis screen and no antibiotic has been given or ordered.

1. Purpose

To recognise sepsis early and give antibiotics in time, using current international guidance (S1.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Sepsis screen	The named screening tool used for suspected infection
Antibiotic time	The time the first dose is given

4. Background and rationale

Sepsis is time critical. Each hour of delay to antibiotics adds risk, so the time from recognition to treatment must be measured.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Registered nurse	Screens; starts the pathway; records times	Trained in the screen
Prescriber	Orders the antibiotic within the set time	Doctor with prescribing rights

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Sepsis screen tool	Current, on the chart	Checked each year
Local antibiotic guideline	Current	Reviewed each year

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Screen.	Screen every patient with suspected infection on arrival and at each change of condition.	Screen early, not after the diagnosis.
2	Start the pathway when positive.	- Tell the prescriber at once. - Get blood cultures before the antibiotic if this does not delay it.	The antibiotic is the priority.
3	Give the antibiotic.	- Give the first dose within the time set in this procedure. - Record the time given.	The time is what the surveyor checks.
4	Monitor and review.	- Review the patient at the time set for the pathway. - Escalate if the score worsens.	Review at the set time.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Positive screens with antibiotic within the set time	At least 70%	Monthly	Sepsis lead	Escalate to clinical director
Positive screens with recognition time recorded	100%	Monthly	Sepsis lead	Escalate to clinical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-003	Sepsis care record	Records the times
HOS-SOP-002	Vital signs and deterioration response	Deterioration and sepsis

16. Evidence

ID	Source and status
E-009	Time limit set by the ASF Expert Committee against the Surviving Sepsis Campaign 2021 guidance (sccm.org).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval