ONC-SOP-008: Sepsis recognition and treatment in patients with cancer

Standard operating procedure (SOP) · ONC-SOP-008 · Version 0.1 · Draft for local review

Supports: 51.9

At a glance

- Every patient with cancer is screened for sepsis at each set observation, using a defined screening tool.
- Antibiotics are given within the time set by current sepsis guidance for the level of risk, and the time is recorded.
- Patients with fever and low white cell counts follow ONC-SOP-003 in addition to this SOP.
- Cultures are taken before antibiotics where this does not delay them.
- Stop and treat at once if: a patient has suspected sepsis with low blood pressure, a low level of consciousness, or signs of organ failure.

1. Purpose

To make sure that sepsis is recognised early in patients with cancer, and that treatment, including antibiotics, starts within the time that current guidance sets for the level of risk (51.9).

2. Scope

Item	Coverage
Applies to	All clinical staff who observe, assess or treat patients with cancer, and the on-call team
Patients	Adults and children with cancer, on or off active treatment, in any part of the facility
Locations	Oncology day units and wards, medical and surgical wards, emergency department and outpatient clinics

3. Definitions

Term	Meaning in this SOP
Sepsis	Life-threatening organ dysfunction caused by a dysregulated response to infection, as defined by current international guidance
Screening tool	A structured score based on observations, used at each set check, such as NEWS2, with a defined threshold that triggers assessment
Septic shock	Sepsis with persistent low blood pressure needing treatment to maintain it, and a high risk of death
Neutropenia	A low count of neutrophils, a type of white blood cell, which reduces the body's ability to fight infection

4. Background

Patients with cancer are at higher risk of sepsis, and may have fewer typical signs, because of treatment, steroids or low white cell counts. Delay in antibiotics is one of the most common causes of harm in sepsis. Recognition relies on a screening tool used at every set observation, not only when staff are worried.

5. Responsibilities

Role	Responsibility
Nurse	Carries out observations and the screening tool at each set interval, escalates any positive score, and starts the sepsis care bundle
Doctor	Reviews any positive screen, confirms the diagnosis, prescribes antibiotics and decides on escalation
Oncology on-call clinician	Advises on the antibiotic choice for patients with cancer, and on neutropenic patients
Pharmacist	Advises on antibiotic choice and timing and checks the prescription
Service manager	Keeps the screening tool and bundle in place, and audits timing

6. Procedure

6.1 Screening

1. Record the observations and the screening score at each set check, for every patient, using the facility's tool.

2. Escalate any score at or above the threshold to the doctor immediately, and inform the senior nurse.
3. Repeat the screen at the interval set for the score, and at any change in the patient's condition.

6.2 Sepsis care bundle

1. Take blood cultures and any other samples needed before the first antibiotic, if this does not delay the antibiotic.
2. Give the first dose of broad-spectrum antibiotic within the time set in Section 6.3, using the local antibiotic guideline, adjusted for cancer and neutropenia.
3. Measure blood lactate where the tool or local policy requires it.
4. Give intravenous fluids in line with the facility's sepsis guideline, and reassess the patient after each bolus.
5. Record the time of recognition, the time of antibiotic, and the time of each step of the bundle.

6.3 Time targets

Risk	Target for the first antibiotic dose
Suspected septic shock, or high likelihood of sepsis	Within one hour of recognition
Possible sepsis without shock	Within three hours, or sooner if the patient's condition is worsening

These targets follow the Surviving Sepsis Campaign and NICE guidance. The facility must confirm them against the current edition at each review.

6.4 Reassessment

1. Reassess the patient at the set interval after the first dose, and record the response.
2. If there is no response in the expected time, escalate to the senior clinician and consider further treatment or intensive care review.

7. Decision points

Situation	Action
Neutropenic fever	Follow ONC-SOP-003 as well as this SOP. Give antibiotics within the neutropenic fever time target
Patient with cancer on steroids with no fever but low blood pressure	Treat as possible sepsis until excluded, and escalate
Allergy to first-line antibiotic	Discuss with the pharmacist and the on-call clinician, and record the allergy and the alternative chosen
Patient declines treatment	Explain the risks, record the decision and capacity assessment, and inform the senior clinician

8. Escalation

- Septic shock or organ failure: call the critical care outreach or intensive care team at once.
- Antibiotic not given within the target: inform the senior clinician, and report under INC-SOP-001 within 24 hours.
- Delay caused by lack of staff or equipment: inform the service manager the same shift.

9. Monitoring

The service manager audits 20 sepsis episodes each quarter for screening, time to antibiotic and bundle completion, and reports results to the oncology governance meeting.

Measure	Target
Patients screened at each set interval	At least 95 percent
Antibiotic given within the target time for the risk category	At least 90 percent
Bundle completed and recorded	At least 90 percent
Time of recognition and antibiotic recorded	100 percent

10. Records

- Observation and screening record, with each score.
- Sepsis bundle record, with times.

- Antibiotic prescription and administration record.
- Culture results and follow-up.

11. Training

All nurses and doctors who observe patients with cancer complete sepsis training at induction, and every year, with a practical assessment of the screening tool and bundle.

12. Related documents

Code	Document
ONC-SOP-003	Neutropenic fever response
ONC-SOP-007	Urgent triage of patients with cancer
ONC-SOP-006	High-alert medicines on every ward
INC-SOP-001	Root cause analysis of serious incidents

13. Evidence

This SOP is based on the reference sources listed below and on the requirement of criterion 51.9 of the ASF standards. The screening tool, time targets and bundle must be confirmed against the current sepsis guideline at each review.

E-learning for this document

- No course linked yet. Request a sepsis recognition course from the academy (see the Standard 51 request list).

References

1. Evans L, Rhodes A, Alhazzani W, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Critical Care Medicine. 2021.
2. NICE. NG51: Sepsis: recognition, diagnosis and early management. Current edition.
3. Facility sepsis screening tool and antibiotic guideline (to be inserted by the unit at adoption).

Change history

Version	Date	Change
0.1	2026-10-26	First draft for review. Not yet approved by the ASF Expert Committee.

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