Standard operating procedure (SOP) · HOS-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.3

At a glance

- Screen every suspected infection with the sepsis screen.
- If the screen is positive, start the sepsis pathway at once.
- Give antibiotics within the time set in this procedure.
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

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	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
Sepsis screen tool	Current, on the chart	Checked each year
Local antibiotic guideline	Current	Reviewed each year

7. Safety

- 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

Step 1. Screen.

- Screen every patient with suspected infection on arrival and at each change of condition.

Key point: Screen early, not after the diagnosis.

Step 2. Start the pathway when positive.

- Tell the prescriber at once.

- Get blood cultures before the antibiotic if this does not delay it.

Key point: The antibiotic is the priority.

Step 3. Give the antibiotic.

- Give the first dose within the time set in this procedure.
- Record the time given.

Key point: The time is what the surveyor checks.

Step 4. Monitor and review.

- Review the patient at the time set for the pathway.
- Escalate if the score worsens.

Key point: Review at the set time.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval

1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Related standard

- **Standard 47: Sepsis, Clinical Deterioration and Venous Thromboembolism**

Download this document as an editable Word file