

Guideline for the management of suspected Neutropenic Sepsis in Oncology / Haematology patients

Department / Service:	Haematology & Oncology
Originator:	Mark Squire
Accountable Director:	Vacant - Clinical Director
Approved by:	Haematology Governance meeting, Clinical Governance Group, Medicines Safety Committee
Date of approval:	25 th May 2025
Review Date:	25 th May 2028
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Haematology & Oncology
Target staff categories	Nursing, Medical and Pharmacy

Policy Overview:

This guideline refers to the management of suspected neutropenic sepsis in adult (age >16years) oncology / haematology patients, including those who have received systemic anti-cancer treatment (SACT) in the preceding 6 weeks who present to Worcestershire Acute NHS Trust.

Latest Amendments to this policy:

11.2017	Just In case pack discontinued and new Emergency Sepsis Prescription (ESP)
02.2018	Updated to reflect the NICE 2016 Sepsis: recognition, assessment and early management (NICE guideline 51) and to incorporate the trust sepsis pathways.
02.2018	Section 5.2 identify need to identify patient on chemotherapy as a history risk of neutropenia on sepsis screening tool.
08.2018	Microbiology updated antibiotic protocols for patients that were an inpatient on laurel 3 after 1/5/18 or colonise with CPE
25.5.2020	Document extended for 6 months during COVID-19 period
February 2021	Document extended as per Trust agreement 11.02.2021.
April 2021	Antimicrobial recommendation change
July 2021	Document approved for 3 years at the following groups/ committees: Haematology Governance meeting 20th May 2021 Medicines Safety Committee 9th June 2021 Clinical Governance Group 6 th July 2021
Oct 2024	Trust documentation and references updated.
May 2025	Document extended 6 months whilst document goes for approval
May 2025	No drug changes, minor changes to references and process

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Contents page:

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Supporting Documents

- | | |
|-----------------------|----------------------------|
| Supporting Document 1 | Equality Impact Assessment |
| Supporting Document 2 | Financial Risk Assessment |

Appendices

- Appendix 1:** Emergency Sepsis Prescription
Appendix 2: Operational Arrangements for admission of Neutropenic patients
Appendix 3: Suspected Sepsis Screening inpatient tool and patient pathway

1. Introduction

This guideline refers to the management of suspected neutropenic sepsis in Oncology / Haematology patients. It encompasses the pathway of care to follow when a patient over the age of 16 in adult services presents to Worcestershire Acute Hospitals NHS Trust (WAH NHST). It includes all patients who have received SACT in adult services within the last 6 weeks presenting to Worcestershire Acute Hospitals NHS Trust.

2. Scope of this document

This document is for all staff (medical, pharmacy and nursing) involved in the management of patients presenting with suspected neutropenic sepsis.

3. Definitions

Neutropenic sepsis is defined as a patient who is having Systemic Anti-Cancer Treatment (SACT) and:

Fever: - A single oral temperature of 38.0°C

Neutropenia: - A neutrophil count of $<0.5 \times 10^9/\text{l}$ or less or a neutrophil count $<1.0 \times 10^9/\text{l}$ and predicted to fall.

And/or

Other signs or symptoms consistent with clinically significant sepsis (NICE 2016 amended 2024).

However, any patient with a neutrophil count $<1.0 \times 10^9/\text{l}$ or who had chemotherapy within the last 6 weeks which on a regular basis is causing severe neutropenia irrespective of the current neutrophil count with a temperature sustained fever of ≥ 37.5 may also require treatment according to this febrile neutropenia pathway e.g. if high NEWS2 score (≥ 5) or signs or symptoms of active infection (Warnock 2018, Klastersky et al 2016).

It is important to note that fever may not be present or reach the defining levels for febrile neutropenia in a patient with sepsis or in septic shock (Warnock 2018). It is vital to establish a robust clinical history as the possibility of neutropenic sepsis should be considered in any patient who presents clinically unwell and has received SACT in the past 6 weeks or has a haematology malignancy (Nates et al, 2024).

4. Responsibility and Duties

It is the responsibility of the practitioner caring for the patient with suspected neutropenic sepsis to ensure they adhere to this guidance.

5. Policy Detail

5.1 Management of Suspected Neutropenic Sepsis

SACT induced neutropenia is a major dose limiting toxicity of treatment and is associated with substantial morbidity, mortality and costs (Warnock 2016). There was an increase in mortality rates in adults up to 21% (NICE 2024). The incidence of infection rises as the neutrophil count decreases and is compounded by the rate of decline and the duration of neutropenia (Rapaport et al 2021). The European Society for Medical Oncology (ESMO) guidelines state that people with febrile neutropenia and complications have an overall in-hospital mortality rate of about 10% (Klastersky 2016).

The management of a patient who presents neutropenic and unwell is considered a high-risk sepsis patient and should immediately be assessed in a hospital setting. As with all cases of sepsis, rapid recognition, prompt initiation of the 'Sepsis pathway' and administration of effective antimicrobial therapy is essential to prevent avoidable deaths (Nates et al 2024, NICE, 2016).

Febrile neutropenia is a time dependant medical emergency. Patients can deteriorate over a matter of hours with life threatening complications; it is recommended that intravenous antibiotics be commenced within the first hour of recognition of sepsis (Leloch 2023). The publication of "Chemotherapy: Ensuring Quality and safety" (NCAG 2009) reflects this recommendation and a national standard of door to needle time of 1 hour for intravenous antibiotics for patients with suspected neutropenic sepsis has been established.

Referrals into the hospital should initially be after discussion with the Acute Oncology nurse practitioner (GPs or patients) or the relevant haematology / oncology consultant. In hours, all referred patients will be assessed in the appropriate environment (dependent upon hospital site) the Acute Oncology Same Day Emergency Care (AO SDEC), Medical Assessment unit or Accident and Emergency (A&E). Out of hours the patient will be assessed in A&E either by A&E staff or Laurel 2/3 staff (as long as they are immediately informed of the patient's arrival). Staff should be bleeped on 398 or 491.

Patients who are receiving SACT at WAH NHST will have been provided with a SACT alert card and an "Emergency Sepsis prescription for Haematology and Oncology patients presenting with suspected neutropenic sepsis" to facilitate the prescribing and administration of IV antibiotics within an hour (see Appendix 1).

Patients who are critically ill are best assessed initially in the resuscitation room of the emergency department (irrespective of time of day).

All acutely unwell neutropenic patients should be managed in an area where a senior clinical staff are present and there is an ability to escalate care once that patient has had an initial assessment and treatment has been commenced.

Escalation of care to the critical care team for a patient with a high NEWS2 score or presenting critically unwell should be undertaken as soon as possible.

Patients requiring, IV antibiotics and initiation of the 'sepsis 6 pathway' within an hour (irrespective of where the patient presents and is being managed) should not be delayed by looking for a side room as this can be reviewed at a later stage (see Appendix 2).

There is an expectation that the Acute Oncology Team will be involved early in the care of patients who are potentially neutropenic. During the week 08:00-18:00 the Acute Oncology Team will endeavour to respond to calls to see potentially neutropenic patients within 15-30mins of them being informed of their arrival in the AOS SDEC or A&E. Out of hours the ward team from Laurel 2/3 will attend to administer intravenous antibiotics as long as staffing permits).

For oncology patients a healthcare professional e.g. medical staff or acute oncology nurse practitioner with competence in managing complications of anticancer treatment should assess the patient's risk of septic complications within 24 hours of presentation to the acute setting. This should be based on presenting features and using a validated risk scoring system for example the Multinational Association for Supportive Care in Cancer (MASCC) risk index: a multinational scoring system for identifying low-risk febrile neutropenic cancer patients (Bhardwaj et al 2021). For patients assessed as having a MASCC score of >21 and who are low risk of developing septic complications, consideration should be given to

outpatient antibiotic therapy considering the patient's social and clinical circumstances and discussing with them the need to return to hospital promptly if a problem develops (Taplitz et al 2018).

Patients will be advised to contact the 24-hour helpline immediately and be triaged for review either within the AO SDEC or A&E. It will be up to the clinician's discretion of which oral antibiotic the patient is discharged home on depending on their clinical presentation.

Medical staff will need to inform the Acute Oncology (AO) nursing team, if they are discharging patients out of hours.

They can be contacted on a generic email account: wah-tr.aos@nhs.net, and the AO will arrange follow up of the patient. They will aim to do a telephone triage the next day after discharge and arrange face to face follow up. All patients have the 24-hr telephone helpline number if they become unwell.

Haematology patients are exempt from MASCC scoring.

MASCC Scoring system

Characteristics	Score
Burden of illness: no or mild symptoms	5
Burden of illness: moderate symptoms	3
Burden of illness: severe symptoms	0
No hypotension (systolic BP > 90 mmHg)	5
No chronic obstructive pulmonary disease	4
Solid tumour/lymphoma with no previous fungal infection	4
No dehydration	3
Outpatient status (at onset of fever)	3
Age <60 years	2

Patients with scores ≥ 21 are at low risk of complications. Points attributed to the variable 'burden of illness' are not cumulative. The maximum theoretical score is therefore 26 [2]. Reprinted with permission. © 2000 American Society of Clinical Oncology. All rights reserved.

BP, blood pressure.

Acute Myeloid Leukaemia Patients

Patients with Acute Myeloid Leukaemia (AML) who are being managed with curative intent will be admitted from when they become neutropenic following SACT (neutrophils $<0.5 \times 10^6/l$) until they are fit enough to be discharged, and their neutrophils are recovering. Patients who do not wish to be admitted must be counselled on the risk of going home and have regular ($>3 \times \text{week}$) review arranged.

5.2 Initial patient assessment pathway

The following pathway demonstrates the proactive approach to the assessment and management required within the first 60 minutes of presentation ensuring compliance with the national standard for a patient with potential neutropenic sepsis.

The link below accesses the trust guidelines for the management of sepsis and septic shock patients. This includes screening tools available on Sunrise system (see Appendix 3). It is essential when utilising this form that management of neutropenic sepsis box is ticked if a patient presents with signs of sepsis 6 weeks post SACT, prior to confirmation of neutropenia on the blood results.

PRESENTATION

Consider Neutropenic Sepsis IF:

- SACT in the last 6 weeks or known haematological malignancy
- Temperature $>38.0^{\circ}\text{C}$ or $<36^{\circ}\text{C}$
- Clinically Unwell
- Rigors
- Cough

ASSESSMENT

Observations:

- Temperature
- Pulse
- Blood Pressure
- Respiratory Rate
- Oxygen Saturations

INVESTIGATION

Initiate Sepsis screening Pathway

- Identify possible source of infection e.g. line
- URGENT bloods FBC, U/Es, LFTs, CRP, Lactate, blood gas.
- Blood Cultures - always peripheral; central lines if possible
- Septic screen e.g. urine for culture, wound/ throat swabs, stool sample etc.
- Consider CXR
- Review ICE for previous microbiology culture results

MANAGEMENT

DO NOT WAIT FOR NEUTROPENIA TO BE CONFIRMED

- Antibiotics within **60** minutes, IV piperacillin-tazobactam (Tazocin®) 4.5 g IV 8 hourly
- For patients with a suspected penicillin allergy refer to (Appendix 1)
- Contact AOS team or the 24 hour helpline via bleep 398 or call haematology or oncology consultant
- Escalation of care dependent on NEWS2 score
- Patients presenting with a NEWS2 score ≥ 5 should have gentamicin prescribed in addition to piperacillin-tazobactam (dose as per Trust guidelines)
- Patients known to be previously colonised or infected with piperacillin-tazobactam resistant pathogens should be discussed with microbiology

5.2 Ongoing Management

Day of Admission ↓↓	Day 2 and beyond ↓↓
Monitoring	
<ul style="list-style-type: none"> NEWS2 chart Where possible the patient should be admitted to a side room if expected duration of neutropenia >5 days or if the neutrophil count is <0.5 Observations every 30 minutes until stable, then 2 hourly for 4 hours, then 4 hourly if stable. Even if observations stable the patient should be checked hourly as condition can deteriorate suddenly. Acknowledge that classic signs and symptoms may be absent, if patient is afebrile may still be septic. Ensure the acute oncology NP has been informed of attendance/admission who has responsibility for ensuring the clinician with responsibility for the patients SACT or on call consultant is aware of admission the same day 	<ul style="list-style-type: none"> NEWS2 chart Observations four hourly if stable FBC, U&Es & CRP to be repeated daily until neutrophils >1 Review by medical team and discuss with treating clinician or on call consultant regarding on-going management. NEWS2 score >5 escalate to critical care outreach. For oncology patients Consultants and ST4 can review MASCC Score and discuss earlier discharge with AOS follow up.
Medication	
<ul style="list-style-type: none"> Discontinue any SACT, such as chemotherapy on admission ensuring safe storage/disposal following discussion with pharmacy. GCSF may be considered in profound neutropenia following discussion with treating clinician or on call Oncology / Haematology consultant 	<ul style="list-style-type: none"> Do not recommence any SACT until discussed with treating clinician.
Antimicrobials	
<ul style="list-style-type: none"> If the patient is not neutropenic, consider stopping or narrowing antimicrobial therapy; refer to Trust antibiotic guidelines to manage likely focus of infection. Review any previous microbiology culture and sensitivities and seek Consultants advice if needed regarding changes to antibiotic treatment. 	<ul style="list-style-type: none"> Refer to Trust antibiotic guidelines. Central line in situ consider the addition of vancomycin if rigors etc. when line is used / fever not settling after 48 hours. If fever continues after 48 hours discuss with the on-call consultant who may discuss with Microbiologist if complicated case Review antibiotics after 48 hours, consider de-escalation depending on culture result / focus of infection or discontinuation as soon as infection appears to have resolved, and blood cultures are negative
Fluid balance	
<ul style="list-style-type: none"> Refer to trust sepsis guidelines. Monitor urine output hourly aiming for urine output of 0.5ml/kg/hour. Intravenous fluids administered to maintain circulating volume 	<ul style="list-style-type: none"> Maintain 4 hourly fluid balance if condition stable.

5.3 Contact Numbers for Advice:

Oncology	
Acute Oncology Service (24 hours a day)	WRH extension 30048 or Bleep 398
Acute Oncology Nurse Practitioner Team (Mon-Fri 0800-1800)	WRH extension 30860, 30058, 30395 WRH Bleep 398 or 491 Alex Bleep: 0192 (Mon-Fri 0900-1700)
Oncology Consultant On-call (24 hours)	Via Switchboard
Haematology	
Haematology patient 24-hour contact number	01905 760568
Haematology Consultant On-call (24 hours)	Via Switchboard
Haematology CNS (Mon-Fri 0900-1700)	Ext 39115 / Bleep 357

6 Implementation

6.1 Plan for implementation

This document will be reviewed at the Chemotherapy Advisory Group (CAG) and the Medicines Safety Committee (MSC), once ratified the document will be distributed to all clinical areas that administer SACT and upload to the Haematology/ Oncology Intranet page (Policies).

6.2 Training and awareness

This guideline is to support the appropriate management of patients being admitted with neutropenic sepsis. All staff should understand recognising and assessing patients for signs and symptoms of sepsis.

7 Monitoring and compliance

7.1 Reports

A monthly and quarterly report is produced and presented to cancer board to identify compliance of patients receiving IV antibiotics within 1 hour of presenting to the trust (door to needle time).

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsib le for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non- compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	All patients with suspected febrile neutropenia receive first dose antibiotics within 1 hour	On-going door to needle time audit	On-going	Acute Oncology Service	Haematology/ Oncology directorates	Monthly

8 References

- Bhardwaj, P.V., Emmich, M., Knee, A. *et al.* Use of MASCC score in the inpatient management of febrile neutropenia: a single-center retrospective study. *Support Care Cancer* **29**, 5905–5914 (2021). <https://doi.org/10.1007/s00520-021-06154-4>
- Klastersky J. *et al* (2016) Management of febrile neutropaenia: ESMO Clinical Practice Guidelines. *Annals of Oncology* **27** (Supplement 5): 2016; v111–v118.
- Leloch, D.E. (2023) 'Assessment and management of adult patients with neutropenic sepsis in the emergency department', *Emergency Nurse*, **31**(5), pp. 22–26. doi:10.7748/en.2023.e2159.
- Nates, J.L., Pène, F., Darmon, M. *et al.* Septic shock in the immunocompromised cancer patient: a narrative review. *Crit Care* **28**, 285 (2024). <https://doi.org/10.1186/s13054-024-05073-0>
- National Chemotherapy Advisory Group 2009
Chemotherapy: Ensuring Quality and Safety. Department of Health.
- National Institute for Health and Care Excellence (NICE) (2012) Neutropenic sepsis: prevention and management of Neutropenic sepsis in cancer patients
NICE clinical guideline 151.
- NICE (2016) Sepsis: recognition, assessment, and early management
NICE guideline 51. <https://www.nice.org.uk/guidance.ng51>
- NICE (2024) Sepsis Recognition, diagnosis and early management. Guidance and Guidelines. <https://www.nice.org.uk/guidance.ng51>
- Rapoport, B. L., Cooksley, T., Johnson, D. B., Anderson, R., & Shannon, V. R. (2021). Treatment of infections in cancer patients: an update from the neutropenia, infection and myelosuppression study group of the Multinational Association for Supportive Care in Cancer (MASCC). *Expert Review of Clinical Pharmacology*, **14**(3), 295–313. <https://doi.org/10.1080/17512433.2021.1884067>
- Tapilitz R A, Kennedy E B, Bow E J *et al* (2018) Outpatient Management of Fever and Neutropenia in Adults Treated for Malignancy: American Society of Clinical Oncology and Infectious Diseases Society of America Clinical Practice Guideline Update. *Journal of Clinical Oncology* **36** (14) 1443 – 1453.
- Warnock, C., 2016. Neutropenic sepsis: prevention, identification and treatment. *Nursing Standard* (2014+), **30**(35), p.51.
- Warnock C, Totterdell P, Tod A *et al* (2018) The role of temperature in the detection and diagnosis of neutropenic sepsis in adult solid tumour cancer patients receiving chemotherapy. *European Journal of Oncology Nursing* Vol **37** 12 – 18.

10. Background

10.1. Equality requirements

The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment

The content of this policy has no adverse effect on finance.

10.3 Consultation

This document has been developed in consultation with the Chemotherapy/Radiotherapy Project Nurse, Acute Oncology Nurse Practitioners, microbiology, haematology and oncology consultants, Emergency medicine consultants and Lead Chemotherapy Nurse.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Acute Oncology Lead Clinician
Haemo-Oncology Lead Clinician
Acute Oncology Nurse Practitioners
Microbiologist
Sepsis Lead Nurse/ Consultant
Clinical Director
Emergency Medicine Consultant
Lead Chemotherapy Nurse
Lead Oncology Pharmacist

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Chemotherapy Advisory Group (CAG)
Medicines Safety Committee (MSC)
Sepsis Improvement Meeting
AOS Ops Meeting

10.4 Approval Process

The policy will be reviewed and revised every three years or sooner if required.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
8.7.2003	Guideline approved by Clinical Effectiveness Committee	
11.12.2007	Revised by Clinical Leads and approved by Medicines Safety Committee	Mrs S Sharp
01.2009	Doses revised by Lead Pharmacist	Mrs S Sharp

12.2010	Revised by Chemotherapy Project Nurse	Mrs S Sharp
01.2011	Revised and minor amendments to charts pages 4 &5	Mrs S Sharp
03.2012	Revised with amendments on pages 4,5 & 8	Mrs S Sharp
04.2013	Revised to reflect NICE Guideline (CG151) where clinically appropriate and agreed by accountable director	Mrs S Sharp Dr S Shafeek
09.2015	Reviewed by Clinical leads. Changes made and resubmitted to appropriate committees	Mrs S Sharp
04.2021	Review of antimicrobial choice to reflect stewardship priorities	Dr H Morton
11.12.24	MASCC score and new sepsis documentation for Sunrise, references updated	Mrs Alison Jones

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Oliver Chapman / Samantha Toland
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Samantha Toland	Lead Chemotherapy Nurse	S.toland@nhs.net
Date assessment completed	7/9/21		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy – Guideline for the management of suspected Neutropenic Sepsis in Oncology / Haematology patients			
What is the aim, purpose and/or intended outcomes of this Activity?	Provide updated guidance for the management of neutropenic sepsis in oncology / haematology patients			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____		

Trust Policy



**Worcestershire
Acute Hospitals**
NHS Trust

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	N/A
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required- it is an update of an existing policy- the only thing changed is the antibiotic to be given
Summary of relevant findings	N/A

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		There should be no impact as the policy is inclusive of all equality groups
Disability		X		There should be no impact as the policy is inclusive of all equality groups
Gender Reassignment		X		There should be no impact as the policy is inclusive of all equality groups
Marriage & Civil Partnerships		X		There should be no impact as the policy is inclusive of all equality groups
Pregnancy & Maternity		X		There should be no impact as the policy is inclusive of all equality groups
Race including Traveling Communities		X		There should be no impact as the policy is inclusive of all equality groups
Religion & Belief		X		There should be no impact as the policy is inclusive of all equality groups
Sex		X		There should be no impact as the policy is inclusive of all equality groups

Trust Policy



**Worcestershire
Acute Hospitals**
NHS Trust

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		X		There should be no impact as the policy is inclusive of all equality groups
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		There should be no impact as the policy is inclusive of all equality groups
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		There should be no impact as the policy is inclusive of all equality groups

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At policy review			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected

characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	<i>S. T. O'Leary</i>
Date signed	7/9/21
Comments:	
Signature of person the Leader Person for this activity	<i>O. Upor</i>
Date signed	20/9/21
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1: Emergency Sepsis Prescription

Emergency **Sepsis** Antibiotic Prescription for Haematology and Oncology Patients

ONLY for use if 'neutropenic sepsis' is suspected*

Affix Patient Label here or record
NAME:.....
NHS NO:
HOSP NO:
DOB: __/__/____ MALE ☐ FEMALE ☐

WEIGHT: KGS

ALLERGIES/ADVERSE DRUG REACTIONS		
None Known <input type="checkbox"/>	Source	Signature
Date:	Drug	Reaction details

Emergency Helpline Number:
If you feel unwell and need
emergency advice please call

01905 760158

**** SINGLE USE PRESCRIPTION ONLY****

IF NEWS2 SCORE ≥ 5 ADD GENTAMICIN 5mg/Kg

***If you have a temperature of 38°C or above *and/or* shivers or shakes (feel hot or cold); feel dreadful for no obvious reason; have a sore mouth making drinking or swallowing difficult; severe sickness / vomiting or watery diarrhoea; pain when passing urine; your line or injection site is red, swollen, painful or oozing**

Please bring this to hospital with you – the chemotherapy team or the Acute Oncology team can arrange a replacement when used.

Date Prescribed	Drug	Dose	Route	Prescriber	Date of Admin	Time of Admin	Admin By:	Specific Instructions:
	PIPERACILLIN-TAZOBACTAM (in 100mls sodium chloride 0.9% over 30 mins)	4.5g	IV	Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
			IV	Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
				Signature:				

				Name:				
				GMC/PIN:				

Emergency Sepsis Antibiotic Prescription for Haematology and Oncology Patients
ONLY for use if 'neutropenic sepsis' is suspected*

Affix Patient Label here or record
NAME:
NHS NO:
HOSP NO:
DOB: __/__/____ MALE ☐ FEMALE ☐

WEIGHT: KGS

ALLERGIES/ADVERSE DRUG REACTIONS		
None Known <input type="checkbox"/>	Source	Signature
Date:	Drug	Reaction details

Emergency Helpline Number:
**If you feel unwell and need
emergency advice please call**
01905 760158
**** SINGLE USE PRESCRIPTION ONLY****

***If you have a temperature of 38°C or above *and/or* shivers or shakes (feel hot or cold); feel dreadful for no obvious reason; have a sore mouth making drinking or swallowing difficult; severe sickness / vomiting or watery diarrhoea; pain when passing urine; your line or injection site is red, swollen, painful or oozing**

Please bring this to hospital with you – the chemotherapy team or the Acute Oncology team can arrange a replacement when used.

Date Prescribed	Drug	Dose	Route	Prescriber	Date of Admin	Time of Admin	Admin By:	Specific Instructions:
	MEROPENEM (Bolus in 20mls sodium chloride 0.9%) (Use with mild Penicillin allergy – see overpage)	1g	IV	Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
				Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
				Signature: Name:				

			GMC/PIN:				
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Emergency Sepsis Antibiotic Prescription for Haematology and Oncology Patients

ONLY for use if 'neutropenic sepsis' is suspected*

Affix Patient Label here or record

NAME:.....
 NHS NO:
 HOSP NO:
 DOB: __/__/____ MALE ☐ FEMALE ☐

WEIGHT: _____ KGS

ALLERGIES/ADVERSE DRUG REACTIONS		
None Known <input type="checkbox"/>	Source	Signature
Date:	Drug	Reaction details

Emergency Helpline Number:
If you feel unwell and need
emergency advice please call
01905 760158
**** SINGLE USE PRESCRIPTION ONLY****
ONLY FOR USE IN PATIENTS WITH
SEVERE PENICILLIN ALLERGY

***If you have a temperature of 38°C or above *and/or* shivers or shakes (feel hot or cold); feel dreadful for no obvious reason; have a sore mouth making drinking or swallowing difficult; severe sickness / vomiting or watery diarrhoea; pain when passing urine; your line or injection site is red, swollen, painful or oozing**

Please bring this to hospital with you – the chemotherapy team or the Acute Oncology team can arrange a replacement when used.

Date Prescribed	Drug	Dose	Route	Prescriber	Date of Admin	Time of Admin	Admin By:	Specific Instructions:
	GENTAMICIN (5mg/kg) in 100ml sodium chloride 0.9% over 1 hour		IV	Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
	VANCOMYCIN (in 250mls sodium chloride 0.9% over 90 mins)	1G	IV	Signature: Name: GMC/PIN:				
Date Prescribed	Drug	Dose	Route	Prescribers Details	Date of Admin	Time of Admin	Admin By:	Specific Instructions
	CIPROFLOXACIN	400mg	IV	Signature: Name:				

	(Ready-made over 1 hour)			GMC/PIN:				
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Patient Information

Remember to bring this pack and chemotherapy alert card with you.

If you need to attend the Accident and Emergency Department, please show this pack to a member of staff and remind them that you must **receive treatment promptly**.

If neutropenic sepsis is suspected, you should expect your antibiotics to be given within **one hour of arrival to hospital**.

Please **tell the staff**, if you have taken Paracetamol within the previous 6 hours or are on steroids, as this can lower your temperature reading.

If you experience severe chest pain, difficulty in breathing, or sudden onset of face weakness, arm or leg weakness or speech problems you **must dial 999** immediately for an emergency ambulance.

Health Care Professionals

Flow chart opposite: For further information refer to the Trust Sepsis Guidelines, Guideline for Management of suspected Neutropenic Sepsis Induced by SACT (WAHT-HAE-003), Trust Antimicrobial Guidelines (on intranet)

Always discuss with either the consultant haematologist or oncologist on call 24/7.

Other considerations include:

Clostridium Difficile treatment – see trust guideline and send a stool sample

Probable Central Venous Access Infection: Consider VANCOMYCIN 1g IV infusion 12 hourly

Health Care Professionals

FLOW CHART FOR PRESCRIBING OF FIRST LINE ANTIBIOTICS IN SUSPECTED NEUTROPENIC SEPSIS

Does the patient have a penicillin allergy?

No

TAZOBACTAM (TAZOCIN®) 4.5 g intravenous infusion in 50 ml sodium chloride 0.9% over 30 minutes 8 hourly
If NEWS2 ≥ 5:
Give **GENTAMICIN** 5mg/kg (estimated ideal body weight) ONCE DAILY IV infusion over 30 min (Maximum dose 560 mg daily)

Yes

Patients **WHO HAVE NOT HAD** an anaphylactic or accelerated reaction including non-urticarial rash:
Give MEROPENEM 1g IV injection over 5 mins 8 hourly

Patients **WHO HAVE HAD** an anaphylactic or accelerated reaction:
Administered in the order below:
GENTAMICIN 5mg/kg (estimated ideal body weight) ONCE DAILY IV infusion over 30 min (Maximum dose 560 mg daily). One dose only should be prescribed AND

VANCOMYCIN 1g IV infusion over 90 mins 12 hourly **AND**

CIPROFLOXACIN 400 mg IV infusion over 60 mins TWICE DAILY **AND**

(If signs of peri-anal infection or abdominal pain consider adding **METRONIDAZOLE** 500 mg IV over 20 min 8 hourly)

Appendix 2: Operational Arrangements for admission of Neutropenic patients to Worcestershire Acute Hospitals NHS Trust

The importance of the patient receiving IV antibiotics and other acute interventions within an hour irrespective of where the patient presents and is being managed should not be delayed by looking for a side room as this can be reviewed at a later stage. The important issue is the acute management and treatment of the patient with potential Neutropenic Sepsis, ensuring all acute interventions are carried out as quickly as possible. Once these have been undertaken a discussion can be undertaken as to whether the patient should be nursed in a side room.

Patients who are neutropenic (neut <1.0) and are admitted to a Worcestershire Hospital as an emergency should ideally be nursed in a side-room (non-negative pressure) but may be nursed temporarily in a bay with other patients (and must be isolated at earliest opportunity) while **waiting** for a side-room if:

- There are no side-rooms available
- Available side-rooms are not felt to be suitable by the admitting team for example:
 - Patient has complex or specialist nursing/care needs that can only be delivered in a certain ward/area e.g. CCU, ITU
 - Patient is very unwell and available side-room is in a ward where the staff do not have the skills to nurse the patient, or the room is remote and does not allow for easy patient observation
- The bay does not contain patients with active transmittable infection

If there are several neutropenic patients waiting for side-rooms the following should be the priority:

1. Profound neutropenia following chemotherapy (a neutrophil count of less than 0.5)
2. Neutropenia following chemotherapy (a neutrophil count of between 0.5 and 1.0)
3. Chronic non-chemotherapy related neutropenia

If there are patients without a haematological diagnosis in Laurel 3 then they should ideally be moved to allow haematology patients with neutropenia to be admitted to Laurel 3. Neutropenic patients can be cohorted in a bay on laurel 3 and Laurel 2 Oncology. This should be completed after a risk assessment ensuring there are no patients with infectious diseases in the bay. This risk assessment should be carried out on patients transferring in from other areas, such as A&E, AEC and MAU.

Appendix 3: Suspected Sepsis screening tool

SUNRISE EPR

Top Tip Tuesday

NHS
Worcestershire
Acute Hospitals
NHS Trust

Raised NEWS2 and Sepsis:

Background colours for NEWS2 on tracking board:

0	1-4	3 + in one parameter	5-6	7+
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In the Vital Signs Flowsheet:

Sepsis and Escalation	
Escalation	Reason for Escalation Escalated to Date and Time Escalated Response Date and Time of Response Escalation Comments
Sepsis	Could this elevated NEWS2 score be due to infection? Is the patient already on a Sepsis Patient Pathway? Are you going to start the Sepsis Patient Pathway now?

To complete when NEWS2 first goes above 3 in 1 parameter or 5 or more cumulatively or on clinical judgement

To complete when NEWS2 is 5 or more. A NEWS2 of 5 or more triggers the Sepsis Audit. This data contributes to the Sepsis Audit and failure to complete will result in incorrect performance reporting for your Ward.

Advice to be acknowledged prompting minimum time to repeat and escalation are in the pop-up box for NEWS2 of 1 or more when the Vital Signs flowsheet is saved:

Acknowledgement Comment:

☐ I have read and acknowledge this alert

☐ Benefit outweighs risk

Unacknowledge Previous Alert 1 of 1

Acknowledge here

Sepsis Patient Pathway - Inpatients

This document is designed for use by Nurses, ACPs and Doctors to record Assessment and Treatment of Sepsis incorporating the Trust's guidelines. If the Document has been started for this event then each professional should reopen that document from the Document tab to record their assessment and findings as necessary.

It is important that commencement of each element of the bundle is recorded, and whether this occurred within 1 hour of diagnosis.

For example, the Oxygen therapy element would be recorded in the following section;

Oxygen therapy commenced? ☐ Yes ☐ No

Commenced within one hour? ☐ Yes ☐ No

Comments:

Data here also contributes to the Sepsis Audit and failure to complete will result in incorrect performance reporting for your Ward.

Have you got a question we could address in a Top Tip or do you have a Top Tip to share? E-mail to wah-tr.epr.clinicalanalysts@nhs.net. Thank you!

Issue: 13 (amended to clarify Sepsis trigger) July '24