

## STEP 1 INFORMATION: ASSESSMENT

### Sepsis - 1 Hour Target

#### Sepsis 6 bundle

Give stat doses as per high severity IV options.

Chest x-ray and CURB65 score within first hour if possible, **but do not delay first dose of antibiotics**

### No Sepsis - 4 Hour Target

1. Chest x-ray
2. CURB65 score
3. Antibiotics

## STEP 2 INFORMATION: DIAGNOSE

### No new consolidation on chest x-ray

Look for alternative sources of infection.

Treat non-pneumonic exacerbations of COPD or bronchiectasis as per local guidance

Most patients with LRTI without consolidation do not benefit from antibiotics.

#### Consider treating with antibiotics if:

- Systemically very unwell
- CRP >100
- At high risk of complications due to major co-morbidity or immunocompromised
- Age 65+ with 2 of the following, or age 80+ with 1 of the following:
  - Hospital admission in last year
  - Diabetes
  - Heart failure
  - On oral steroids

## STEP 3 INFORMATION:

### ASSESS SEVERITY AND MICROBIOLOGY

#### Severity Assessment

##### 1 point for each

Document score in notes and on medication chart

Confusion (new)

Urea >7mmol/l

Resp rate ≥ 30/min

BP <90mmHg systolic or ≤60 diastolic

Age ≥65 years

Use **clinical judgement** alongside CURB65 score to determine severity.

#### Consider treating as high severity if:

- Multi-lobar consolidation
- Immunocompromised
- Requiring critical care

If pregnant or breast-feeding, treat with:

- Amoxicillin PO 500mg TDS

or

- IV 1g TDS, +/- Erythromycin PO/IV 500mg QDS if high severity or atypical pathogen suspected

Remember TB and lung cancer can mimic CAP.

If influenza is suspected, follow local guidance.

