

Sepsis support document: early management of sepsis in the community for patients aged over 16 years.

Version: 1

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This document is designed to complement the sepsis guidance for patients aged over 16 years in [the management of infection guidelines for primary and community services](#) and [NICE sepsis guidelines](#). It is not intended to replace any existing local policies in place within individual primary care practices but should be used to provide further information including guidance on antibiotic administration and other supportive measures in patients with suspected sepsis, where appropriate and competency allows. All practitioners should deliver care within their own clinical competency.

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Antibiotic choice and administration guidance

Ceftriaxone

Administer 2g of ceftriaxone, ideally after blood cultures have been taken (if skills and setting allow). Do **not** delay antibiotic administration to obtain blood cultures.

Contraindications

- Contra-indicated in patients with cephalosporin hypersensitivity.
- Patients with a history of immediate hypersensitivity to penicillin and other beta-lactams should not receive a cephalosporin. Cephalosporins should be used with caution in patients with sensitivity to penicillin and other beta-lactams.
- for IV administration only:
 - ceftriaxone should not be mixed or simultaneously infused with calcium-containing solutions such as total parenteral nutrition, Hartmann's or Ringer's due to the risk of precipitation. See the [MHRA Drug Safety Update](#) for full details.
- for IM administration only
 - a known history of hypersensitivity to lidocaine or other local anaesthetics
 - where the use of lidocaine is contraindicated (such as a known diagnosis of complete heart block)

Further information can be accessed via the [summary of product characteristics](#).

Method of administration

Ceftriaxone can be given intravenously (IV) or intramuscularly (IM), depending on setting and competency of the practitioner.

IV administration

Each 1g of ceftriaxone should be dissolved in 10ml of water for injections and administered by intravenous infusion over at least 30 minutes (preferred route) or by slow intravenous injection over 5 minutes.

IM administration

Each 1g of ceftriaxone should be dissolved in 3.5ml of 1% lidocaine injection BP and administered by deep intramuscular injection.

Intramuscular injections should be injected well within the bulk of a relatively large muscle and not more than 1g should be injected at one site.

Advice for IM injections

Observe additional care in giving the injection via the IM route in any individual who has a bleeding disorder or who is taking an anticoagulant medication e.g. coumarin anticoagulant or a Direct Oral Anticoagulants (DOAC).

Delayed absorption via intramuscular administration may occur in individuals with diabetes.

Other supportive measures

Priority should be given to transfer patients to the most appropriate clinical setting who can safely deliver the Sepsis bundle.

Depending on the patient's presentation, setting, available resources and the practitioners' competency, the use of oxygen and IV fluids may be considered.

All settings must have policies in place governing the prescribing and administration of oxygen and IV fluids if these are being administered.

For pregnant patients Hartmann's should be used first line as 0.9% saline can cause hyperchloraemic acidaemia. If Hartmann's is unavailable, 0.9% saline can be used. Discuss with maternity teams using contacts below.

Taking blood cultures

Where skills and setting allow, to optimise the opportunity to identify and appropriately treat a causative organism, in line with antimicrobial stewardship best practices, blood cultures should be taken prior to administration of antibiotics, but should not delay the administration of antibiotics or transfer to hospital where this is deemed the most appropriate onward transfer for the patient.

Please note blood culture bottles have a short shelf life, please check expiry dates prior to use.

It is important that blood culture bottles are labelled appropriately with the patient's demographics, and time the sample was collected.

Together with South Western Ambulance Service NHS Foundation Trust, Emergency Departments (ED) at Royal Cornwall Hospitals Trust, University Hospitals Plymouth Trust and Royal Devon University Healthcare NHS Foundation Trust have agreed that blood culture samples can be drawn, labelled (can be hand-written with name and NHS Number) and timed, and sent with the patient in the ambulance for ED to forward to the lab. There is no need to request the sample since ED will request the sample prior to forwarding to the lab, ensuring results will come back to the ED Consultants, not the GP practice.

Please see information below to order blood culture bottles.

Royal Cornwall Hospitals NHS Trust:

- Call the lab's order line: 01872 254966 - leave a message with location details and what is required. Blood culture bottles will be sent via the courier.
- See [RCHT pathology handbook](#) for further information

University Hospitals Plymouth NHS Trust:

- Use the existing pathology issue order form and email plh-tr.PathologyStore@nhs.net
- See [UHP pathology handbook](#) for further information

Royal Devon University Healthcare NHS Foundation Trust

- Call the pathology stores line: 01271 322342 and order as part of standard pathology ordering
- See [Royal Devon university healthcare pathology handbook](#) for further information

Recording

Document the time and dose administered on the clinical system and generate a prescription.

Any administration of antibiotics, fluids or oxygen must be conveyed to the transferring team and to the acute hospital team. This should be by a written and verbal handover to each team.

Contacts for secondary care maternity teams:

If transfer time is anticipated to be over 1 hour ask for advice and guidance on administering antibiotics and fluids.

Royal Cornwall Hospitals NHS Trust

If the patient is over 14 weeks pregnant, including up to 28 days postnatal, prewarn RCHT delivery suite via the red phone on 01872 252399 with short history.

University Hospitals Plymouth

If the patient is over 16 weeks pregnant, including up to 28 days postnatal, prewarn UHP Triage via 01752 430200, or if an emergency, the delivery suite via the red phone on 01752 430993 with a short history.

Royal Devon and Exeter Hospital

If the patient is over 12 weeks with confirmed viable pregnancy, including up to 28 days postnatal period, prewarn maternity triage 01392 406616, or if an emergency the delivery suite via the red phone on 01392 406605 with a short history.

North Devon District Hospital

If the patient is over 18 weeks pregnant, including up until 6 weeks postnatal, prewarn delivery suite via the red phone on 01271 322312 with a short history.

Data collection form

To support learning, the ICB have created a [primary care sepsis data collection form](#) which should be completed following management of a patient presenting with sepsis in primary care settings.

UK Sepsis Trust e-learning

To support understanding, identification, and management of sepsis, the ICB has funded free of charge CPD accredited [UK sepsis Trust e-learning modules](#) , which can be loaded on to practices own local learning management systems. These modules should arrive at your setting in due course. The funded modules are:

- Introduction to sepsis (for all non-clinical staff)
- Sepsis in adults (for all clinical staff).
- Sepsis in children (for all clinical staff).

For further information, please contact the primary care team:

ciosicb.primarycare@nhs.net .

Helpful resources

NICE resources:

- [Suspected sepsis in people aged 16 or over: recognition, assessment and early management](#)
- [Suspected sepsis in pregnant or recently pregnant people: recognition, diagnosis and early management](#)
- [Visual summaries](#)

UK Sepsis Trust (UKST) resources:

- Free operational clinical tools can be [accessed on the UKST website](#). These cover a variety of settings, including general practice, out of hours and ambulance services (among others)

Other resources:

- [The Sepsis Manual](#)
- [AoMRC statement on the initial antimicrobial treatment of sepsis](#)
- [Royal college of Physicians NEWS2 information and resources](#)
- [Maternity Early Warning Score \(MEWS\) in detecting the seriously ill and deteriorating woman clinical guideline](#) (RCHT document library)
- [Management of maternal sepsis clinical guideline](#) (RCHT document library)
- [Royal College of Obstetricians and Gynaecologists: Identification and Management of Maternal Sepsis During and Following Pregnancy](#)

Appendix 1: Contributors to protocol

This document has been produced with input from the following:

Medicines optimisation team
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Trust
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CIC
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