

New National Institute of Health and Care Excellence guidelines on sepsis



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As I am stepping down from the role of scientific editor, and the editorial board of *Wounds UK*, this is my final editorial in my current role. The topic of sepsis has been my choice, which, together with antibiotic resistance, merits the very highest priorities for all involved in wound care.

Sepsis is a clinical syndrome caused by the body's immune and coagulation systems being switched on by an infection. Sepsis with shock is a life-threatening condition that is characterised by low blood pressure despite adequate fluid replacement, and organ dysfunction or failure. A UK Parliamentary and Health Service Ombudsman enquiry (PHSO, 2013) and a UK National Confidential Enquiry into Patient Outcome and Death (NCEPOD, 2015) have highlighted sepsis as being a leading cause of avoidable death, which kills more people than breast, bowel and prostate cancer combined.

Sepsis was documented as the direct cause of 44,000 deaths in the UK for the year 2013-2014 according to NHS data published by the Sepsis Trust. Whilst the literature attributes many cases to urinary and respiratory tract infections, it is reasonable to assume that the whole gamut of skin wounds is also the source of many infections (see 'Sepsis and chronic wounds: What do you know? What should you know?' by Sarah Wits and myself on page 48). Sepsis was also the topic of a recent *Wounds UK* debate (White et al, 2016). Unfortunately, the literature does not help much further in providing prevalence data for the chronic wounds of pressure ulcers, diabetic foot ulcers and leg ulcers. This shortcoming is one that deserves closer attention. To that end, I have engaged with Kristien van Acker, the chair of the International Working Group on the Diabetic Foot (IWGDF), and Eric Senneville of the same organisation to draw attention to the guideline and thence to clarify risks, signs and

symptoms for diabetics with foot ulcerations as early as possible. According to Skrepnek et al (2016) in an audit of diabetic foot ulcer patients attending the hospital emergency departments in the USA, sepsis was present in 9.6% of cases overall and was highest among mortality cases (39.0%) and major amputations (30.5%).

The recent publication of the National Institute of Health and Care Excellence (NICE) guideline on sepsis (NICE, 2016) is of great significance to all involved in wound management, education or research. As yet few will have read it, so I will take this opportunity to point out some of the salient points raised. As the mortality rate associated with sepsis is so high (almost 30% of all cases diagnosed will die from the disease), one can assume that recognition of early symptoms is often missed by healthcare professionals. The guideline acknowledges this, and states:

"Ensure all healthcare staff and students involved in assessing people's clinical condition are given regular, appropriate training in identifying people who might have sepsis. This includes primary, community care and hospital staff including those working in care homes."

Being a guideline makes this statement discretionary, however, the NICE guideline goes on to state:

"Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities."

What must be done to enact the guideline locally is clearly stated: the responsibility lies with all healthcare professionals, regardless of clinical setting.