

**Sepsis: Recognition, assessment and early management guideline (update)  
GCOMM2 minutes**

**Sepsis: recognition, assessment and early management – Scoping and protocol meeting**

**Date:** 05/06/2024

**Location:** Virtual

**Minutes:** Final

<b>Committee members present:</b>		
Ann Hoskins (Chair)		Present for notes 1 – 6
Mervyn Singer (Topic Adviser)		Present for notes 1 – 6
Samina Begum		Present for notes 1 – 6
Louise Bradbury		Present for notes 1 – 6
Peter Gosling		Present for notes 1 – 6
Alasdair Gray		Present for notes 1 – 5
Jeremy Henning		Present for notes 1 – 6
Erum Khan		Present for notes 1 – 6
Paddy McMaster		Present for notes 1 – 3
Barry Murphy-Jones		Present for notes 1 – 5
Marlies Ostermann		Present for notes 1 – 6
Ashley Reed		Present for notes 1 – 6
Giovanni Satta		Present for notes 1 – 6
Sally Wood		Present for notes 1 – 3

<b>NICE team in attendance:</b>		
Martin Allaby	Consultant Clinical Adviser	Present for notes 1 – 6
Astrid Aregui		Present for notes 1 – 6
Lindsay Claxton	Health Economic Adviser	Present for notes 1 – 6
Anthony Gildea	Technical Analyst	Present for notes 1 – 6
James Hall		Present for notes 1 – 6
James Jagroo	Senior Technical Analyst	Present for notes 1 – 6
Jon Littler	Project Manager	Present for notes 1 – 6
Emma McFarlane	Technical Adviser	Present for notes 1 – 6

<b>Apologies:</b>		
Sam Alimam	Committee Member	
Tumena Corrah	Committee Member	
Tessa Lewis	Committee Member	

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### 1. Welcome and objectives for the meeting

The Committee Chair, Ann Hoskins (AH) welcomed the committee to the second committee meeting for the latest update to the Sepsis guideline. In addition, she welcomed Paddy McMaster who had been newly recruited as a co-opted paediatric expert.

AH then asked if the committee had any new interests to declare that had not already been recorded on the recently circulated register. The following new interest was declared:

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest
Barry Murphy-Jones	Paramedic	Reviewer of the Association of Ambulance Chief Executives (AACE) Sepsis guidelines. AACE produce the Ambulance JRCALC guidelines	Non-financial professional and personal

This interest was not deemed a conflict for this meeting.

Finally, the committee were asked to review the minutes from the previous meeting. They agreed that they were an accurate record of the discussion points.

AH then moved the meeting on to the first main item on the agenda.

### 2. Overview of the evidence for review questions 3 and 4 – Organ hypoperfusion indicators

The Chair introduced Anthony Gildea (AG) and James Jagroo (JJ) to present the clinical evidence to support the review questions on the indicators of organ hypoperfusion used to a) guide referral or discussion with a critical care team or b) guide the administration of intravenous fluids for resuscitation.

JJ gave a comprehensive overview of the supporting evidence. AH thanked him for his detailed presentation and moved the committee on to the next item where this evidence would be discussed.

### 3. Evidence discussion – Organ hypoperfusion indicators

JJ and AG remained as presenters and lead the committee on a discussion of the evidence he had just presented. The committee were able to ask questions about which evidence could (and could not) be included, ask about our search methods and offer suggestions on other reviews that had perhaps been missed.

AH then broke the committee for lunch and ended the morning session.

### 4. Drafting recommendations – Organ hypoperfusion indicators

The first session of the afternoon continued on with the discussion of the indicators for organ hypoperfusion, this time with a view to draft recommendations based on the available evidence.

JJ and AG offered the committee initial drafts to work with and then, live in the meeting, made the required changes based on the suggestions that came out of the committee discussion.

AH thanked everyone for their work in preparing and contributing to this overall discussion of

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organ hypoperfusion indicators and moved the discussion on to the next topic.

### **5. Discussion of the remaining review question protocols**

For the final main item of the day, the Chair reintroduced James Jagroo who lead a discussion on the review protocols of the remaining three review questions. Specifically, James was looking to:

- Confirm the approach for review question 5 (type/volume of IV fluids in over 16s and when they should be provided/stopped)
- Confirm the priority outcomes for review question 6 (clinical/cost-effectiveness of vasopressors in guiding treatment in over 16s)
- Confirm the predictive indicators for review question 7 (identification of factors associated with a higher risk of developing sepsis)

James outlined the suggestions that had been developed already for each of these protocols and asked the committee for their input. After an informative discussion and feedback session, the required tweaks were made to our approaches.

The Chair thanked the committee for their input and James for his work in developing the protocols thus far and moved on to the final item of the agenda.

### **6. AOB, Summary and next steps**

JL advised the committee that the updated recommendations drafted from this meeting would be sent to them for further review within 2 weeks. He then also advised of the date for the next committee, which is on Wednesday 7<sup>th</sup> August.

AH then thanked everyone for their attendance and contributions and closed the meeting.

**Date of next meeting:** 7 August 2024

**Location of next meeting:** Virtual