

1 January 2024 – This scope was amended to provide further clarification around
2 recommendations on source control in this guideline.

3 NATIONAL INSTITUTE FOR HEALTH AND CARE 4 EXCELLENCE

5 Scope for guideline update (starting 2022)

6 Suspected Sepsis: recognition, diagnosis and early 7 management (update)

8

9 NICE is updating its guideline on [Sepsis: recognition, diagnosis and management](#)
10 NG51. The guideline was originally published in July 2016 and last updated in
11 September 2017. It was developed as set out in the [original scope for the NICE](#)
12 [guideline on sepsis](#).

13 A [statement published by the Academy of Medical Royal Colleges \(AoMRC\) in May](#)
14 [2022](#) on the use of the updated [National Early Warning Score \(NEWS2\)](#) to identify
15 sepsis suggests that NICE's recommendations in this area may need to be updated.
16 Full details are set out in the [March 2022 surveillance review decision](#).

17 The update will be developed using the methods and processes in [developing NICE](#)
18 [guidelines: the manual](#).

19 **1 Who the guideline update covers**

20 The current guideline covers children, young people and adults with suspected
21 sepsis. The update will focus on people aged 16 or over with suspected sepsis in
22 acute hospital settings, ambulance trusts and acute mental health facilities, except
23 pregnant women and women who have recently been pregnant.

24 ***Equality considerations***

25 [The equality impact assessment for the guideline update](#) lists equality issues
26 identified and how they have been addressed and explains why any populations
27 were excluded from the scope.

1 This update will look at inequalities relating to disability and people who do not speak
2 English or whose first language is not English. The update to this guideline will not
3 consider people under 16 years or pregnant women or women who have recently
4 been pregnant. However, these populations are included in current
5 recommendations and these recommendations will remain in the updated guideline.

6 **2 Activities, services or aspects of care covered by** 7 **the guideline update**

8 We will look at the evidence and consider making new recommendations or updating
9 existing recommendations on:

- 10 • stratifying risk of severe illness or death from sepsis: recommendations 1.4.1 to
11 1.4.4
- 12 • managing suspected sepsis outside acute hospital settings: recommendations
13 1.5.1 to 1.5.3
- 14 • managing and treating suspected sepsis in acute hospital settings:
15 recommendations 1.6.1 to 1.6.15
- 16 • antibiotic treatment in people with suspected sepsis: recommendations 1.7.1 to
17 1.7.3

18 We will also consider amending the recommendation on source control
19 (recommendation 1.10.5), to make it easier to implement. We will not review the
20 evidence in this area.

21 For all other areas of the guideline:

- 22 • There will be no evidence review.
- 23 • We will retain the existing recommendations but may revise them to ensure
24 consistency.

25 **3 Draft review questions**

26 We have identified the following draft review question[s]:

- 27 1 In people aged 16 or over with suspected sepsis in acute hospital settings,
28 ambulance trusts and acute mental health facilities, what is the association
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management Final scope

1 between NEWS2 risk brackets (0, 1 to 4, 5 to 6, 7 or above) and risk of severe
2 illness or death?

3 2 In people aged 16 or over with suspected sepsis and in different NEWS2 risk
4 brackets (0, 1 to 4, 5 to 6, 7 or above), what are the most clinically and cost-
5 effective timings of antibiotic administration?
6

7 Note that guideline recommendations for medicines will normally fall within licensed
8 indications; exceptionally, and only if clearly supported by evidence, use outside a
9 licensed indication may be recommended. The guideline will assume that prescribers
10 will use a medicine's summary of product characteristics to inform decisions made
11 with individual patients.

12 **Draft PICO table for review question 1**

Population	People aged 16 or over with suspected sepsis presented to: <ul style="list-style-type: none">• acute hospital settings• ambulance trusts• acute mental health facilities
Intervention / Exposure / Test	NEWS and NEWS2 risk brackets recommended in the AoMRC statement on the initial antimicrobial treatment of sepsis (0, 1 to 4, 5 to 6, 7 or above)
Measures of association	To investigate the association of the initial NEWS2 risk bracket (0, 1 to 4, 5 to 6, 7 and above) in people aged 16 or over with suspected sepsis with the critical outcomes listed below. Outcome measures: <ul style="list-style-type: none">• Adjusted relative risk (RR) or odds ratio (OR) (and ultimately risk difference) for patient outcomes listed below for those in higher risk groups relative to the lowest risk group measured at a specific time point• Adjusted hazard ratios (HRs) if outcomes are measured over time for those in higher risk group relative to the lowest risk group
Outcome	<ul style="list-style-type: none">• Mortality• Escalation of care• Hospital readmission rates• Unplanned critical care admission• Health related quality of life

1 **Draft PICO table for review question 2**

Population	People aged 16 or over with suspected sepsis and in different NEWS and NEWS2 risk brackets (0, 1 to 4, 5 to 6, 7 or above)
Intervention	Deferred antibiotic administration based on NEWS2 risk brackets (0, 1 to 4, 5 to 6, 7 or above): within 3 hours for scores 5 to 6, within 6 hours for score 0 and 1 to 4. Note: The review will consider any type of antibiotics at the timing recommended in the NEWS2 tool (within 1, 3 or 6 hours). Different types of antibiotics, different modes of administration (e.g. intravenous, oral, intramuscular) and different doses of antibiotics will not be compared.
Comparison	Immediate antibiotic administration (within 1 hour)
Outcome	<ul style="list-style-type: none">• Mortality• Health related quality of life• Duration of hospital stay• Duration of critical care stay• Hospital readmission rates• Organ failure and need for organ support• Antibiotic resistance• Adverse events

2

3 **4 Economic aspects**

4 We will take economic aspects into account when making recommendations. We will
5 review the economic evidence and carry out economic analyses, using an NHS
6 perspective, as appropriate.

7 **5 NICE guidance and quality standards that may be**
8 **affected by this guideline update**

- 9 • [Sepsis](#). NICE Quality Standard QS161
10 • [Pneumonia \(community-acquired\): antimicrobial prescribing](#). NICE guideline
11 NG138
12 • [Pneumonia \(hospital-acquired\): antimicrobial prescribing](#). NICE guideline NG139
13 • [COVID-19 rapid guideline: managing COVID-19](#). NICE guideline NG191

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1 **6 Further information**

2 NICE guidelines cover health and care in England. Decisions on how they apply in
3 other UK countries are made by ministers in the [Welsh Government](#), [Scottish](#)
4 [Government](#) and [Northern Ireland Executive](#).

The guideline update is expected to be published in March 2023.

You can follow the [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).

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