



Resource impact summary report

Resource impact

Published: 19 November 2025

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Guideline recommendations

See the <u>recommendations in NICE's guideline on suspected sepsis in people aged 16 or</u> over: recognition, assessment and early management.

The NICE guideline on suspected sepsis originally published in July 2016 and was partially updated in March 2024 and November 2025.

In 2024, the guideline updated recommendations for NEWS2 use for risk stratification and administration of antibiotics for people with suspected sepsis.

The 2025 version of the guideline updates recommendations for indicators of organ hypoperfusion, intravenous fluid therapy, vasopressors, and risk factors for sepsis.

Financial and capacity resource impact

Depending on current local practice, the recommendations which may have resource implications if implemented are:

- Deciding when to administer vasopressors (following clinical review and a discussion with the senior clinical decision maker) and whether to start these peripherally if central access is not available [recommendation 1.8.11].
- Referring people at high risk of severe illness or death from sepsis who are in an acute mental health setting for emergency medical care [recommendation 1.7.3].
- Getting medical advice and deciding if a transfer is needed for people aged 16 or over in acute mental health settings who are at moderate risk of severe illness and death from sepsis [recommedation 1.7.11].
- An update to the risk stratification system, using NEWS2 scores to evaluate risk [several recommendations in guideline sections 1.6 to 1.8].

We expect that the financial impact of this update for:

- any single guideline recommendation in England will be less than £1 million per year (or about £1,700 per 100,000 people in the population, based on a population for England of 57.7 million people) and
- implementing the whole guideline in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people).

The financial and capacity implications are not anticipated to be significant at a national level. This is because we do not expect practice to change substantially because of this guideline update. Most of the updated recommendations reinforce best practice. Changes to advice on fluid therapy have minimal impact because of low associated costs. NEWS2 is already in widespread use throughout the NHS and the committee considered that the risk categories are similar to the original guideline.

Key information

Table 1 Key information

| Speciality | Infectious disease |
|------------------------------|--------------------------|
| Disease area | Sepsis |
| Programme budgeting category | 01-X Infectious diseases |

| Commissioner(s) | Integrated care boards |
|-----------------|--|
| Provider(s) | NHS hospital trusts and primary care providers |

About this resource impact summary report

This resource impact summary report accompanies the <u>NICE guideline on suspected</u> sepsis in people aged 16 or over: recognition, assessment and early management and should be read with it.