

# Suspected sepsis in over 16s

Quality standard

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This standard partially replaces QS161.

This standard is based on NG253.

## Quality statements

Statement 1 People aged 16 or over with suspected sepsis in acute hospital, acute mental health or ambulance settings are assessed face-to-face using the national early warning score (NEWS2) to identify risk of severe illness or death.

Statement 2 People aged 16 or over with suspected sepsis outside acute settings are assessed face-to-face using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death.

Statement 3 People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings have an urgent assessment by a clinician with core competencies in the care of acutely ill people and antibiotics given within 1 hour of risk being identified if indicated.

Statement 4 People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings have an intravenous fluid bolus within 1 hour of risk being identified, unless contraindicated.

Statement 5 People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings are seen by a senior clinical decision maker if their condition does not respond within 1 hour of any initial intervention.

Statement 6 People aged 16 or over with suspected sepsis whose condition is managed outside acute hospital settings are given information about symptoms to monitor and how to access medical care if needed.

# Quality statement 1: Assessment in acute settings

## Quality statement

People aged 16 or over with suspected sepsis in acute hospital, acute mental health or ambulance settings are assessed face-to face using the national early warning score (NEWS2) to identify risk of severe illness or death.

## Rationale

For people with suspected sepsis, a face-to-face assessment is needed to determine whether their condition needs urgent intervention. For people aged 16 or over who are not and have not recently been pregnant using clinical judgement alongside a NEWS2 score can help identify the risk of severe illness or death from sepsis and ensure timely and appropriate treatment.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

Proportion of people aged 16 or over with sepsis in acute settings (who are not and have not recently been pregnant) whose risk of severe illness or death was assessed using NEWS2.

Numerator – the number in the denominator whose risk of severe illness or death was assessed using NEWS2.

Denominator – the number of people aged 16 or over diagnosed with sepsis in acute settings (who are not and have not recently been pregnant).

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. The [Emergency Care Data Set](#) includes data on assessment tools, including NEWS2, and diagnosis.

## What the quality statement means for different audiences

**Service providers** (such as secondary care, mental health and ambulance services) ensure that written protocols are in place on the use of NEWS2 to assess risk of severe illness or death in people with suspected sepsis aged 16 or over, who are not and have not recently been pregnant, in acute settings.

**Healthcare professionals** (such as paramedics and healthcare professionals working in emergency departments and acute mental health services) consider sepsis if a person presents with signs or symptoms that indicate possible infection. They should use NEWS2 to assess risk of severe illness or death in people with suspected sepsis aged 16 or over, who are not and have not recently been pregnant, in acute settings.

**Commissioners** ensure that secondary care, mental health and ambulance services demonstrate the use of NEWS2 to assess risk of severe illness or death in people aged 16 or over, who are not and have not recently been pregnant, presenting with symptoms that suggest sepsis.

**People aged 16 or over with symptoms that suggest sepsis in hospital or emergency care (who are not and have not recently been pregnant)** are assessed using a tool called NEWS2 to see whether they have a high risk of life-threatening illness from sepsis, and if urgent treatment or more checks are needed.

## Source guidance

[Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 \(2025\), recommendation 1.1.8](#)

## Definitions of terms used in this quality statement

### Suspected sepsis

Suspected sepsis is used when people might have sepsis and their condition needs a face-to-face assessment and consideration of urgent intervention.

Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection. Symptoms of sepsis can include, but are not limited to:

- high body temperature or low body temperature
- fast heartbeat, fast breathing
- feeling dizzy or faint, losing consciousness
- a change in mental state, for example, confusion or disorientation
- diarrhoea, nausea and vomiting
- slurred speech
- severe muscle pain
- breathlessness
- reduced urine production
- cold, clammy and pale or mottled skin.

People with sepsis may have non-specific, non-localised presentations, for example, they may feel very unwell and may not have a high temperature. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.1.2, terms used in this guideline and expert opinion]

### Recently pregnant

Someone is considered to have recently been pregnant:

- in the 24 hours following a termination of pregnancy or miscarriage

- for 4 weeks after giving birth.

Clinical judgement is needed after miscarriage (particularly in the second trimester) or termination (particularly in the second or third trimester), because it is not clear how quickly people's physiology returns to pre-pregnancy levels in these situations. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), terms used in this guideline]

## Equality and diversity considerations

People with suspected sepsis should be assessed with extra care if they or their families or carers cannot give a good history of their signs and symptoms (for example, people with English as a second language or people with communication difficulties such as neurodiversity, cognitive impairment, learning difficulties, severe mental health conditions or brain injury). People should have access to an interpreter or advocate if needed. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.1.4 and expert opinion]

Healthcare professionals should be aware that some pulse oximeters can underestimate or overestimate oxygen saturation levels, especially if the saturation level is borderline. Overestimation has been reported in people with dark skin. See also the [NHS England Patient Safety Alert on the risk of harm from inappropriate placement of pulse oximeter probes](#).

# Quality statement 2: Assessment outside acute settings

## Quality statement

People aged 16 or over with suspected sepsis outside acute settings are assessed face-to-face using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death.

## Rationale

For people with suspected sepsis, a face-to-face assessment is needed to determine whether their condition needs urgent intervention. Using a structured set of observations for assessing physiological symptoms should ensure that people who are at risk of severe illness or death from sepsis receive timely and appropriate treatment. This could include a structured set of observations used to calculate a suitable early warning score.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

Proportion of people aged 16 or over with suspected sepsis outside acute settings who were assessed face-to-face using a structured set of observations to stratify risk of severe illness or death.

Numerator – the number in the denominator who were assessed face-to-face using a structured set of observations to stratify risk of severe illness or death.

Denominator – the number of people aged 16 or over with suspected sepsis outside acute settings.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as primary, ambulatory and custodial care services) ensure that written protocols are in place for people aged 16 or over with suspected sepsis to be assessed face-to-face using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death.

**Healthcare professionals** (such as GPs and nurse practitioners) consider sepsis if a person presents with signs or symptoms that indicate possible infection. They assess people aged 16 or over with suspected sepsis face-to-face using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death. Healthcare professionals are aware of the criteria that indicate when to refer people for emergency medical care.

**Commissioners** ensure that primary, ambulatory and custodial care services carry out face-to-face assessments using a structured set of observations, which could include those used to calculate an early warning score, to identify risk of severe illness or death for people aged 16 or over presenting with symptoms that suggest sepsis outside acute settings.

**People aged 16 or over with symptoms that suggest sepsis who are not in hospital** have a structured face-to-face assessment to see whether they have a high risk of life-threatening illness from sepsis, and if urgent treatment or more checks are needed.

## Source guidance

Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 (2025), recommendations 1.1.7 and 1.1.9

## Definitions of terms used in this quality statement

### Suspected sepsis

Suspected sepsis is used when people might have sepsis and their condition needs a face-to-face assessment and consideration of urgent intervention.

Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection. Symptoms of sepsis can include, but are not limited to:

- high body temperature or low body temperature
- fast heartbeat, fast breathing
- feeling dizzy or faint, losing consciousness
- a change in mental state, for example, confusion or disorientation
- diarrhoea, nausea and vomiting
- slurred speech
- severe muscle pain
- breathlessness
- reduced urine production
- cold, clammy and pale or mottled skin.

People with sepsis may have non-specific, non-localised presentations, for example, they may feel very unwell and may not have a high temperature. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.1.2, terms used in this guideline and expert opinion]

### Structured set of observations

A structured set of observations should be used to identify risk of severe illness or death from sepsis. This could include those used to calculate an early warning score and should be based on the observations detailed in the initial assessment and examination in the NICE guideline. [[NICE's guideline on suspected sepsis in people aged 16 or over](#),

recommendation 1.1.7 and section 1.3]

## Equality and diversity considerations

People with suspected sepsis should be assessed with extra care if they or their families or carers cannot give a good history of their signs and symptoms (for example, people with English as a second language or people with communication difficulties such as neurodiversity, cognitive impairment, learning difficulties, severe mental health conditions or brain injury). People should have access to an interpreter or advocate if needed. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.1.4 and expert opinion]

Healthcare professionals should be aware that some pulse oximeters can underestimate or overestimate oxygen saturation levels, especially if the saturation level is borderline. Overestimation has been reported in people with dark skin. See also the [NHS England Patient Safety Alert on the risk of harm from inappropriate placement of pulse oximeter probes](#).

# Quality statement 3: Urgent assessment and antibiotic treatment for people at high risk

## Quality statement

People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings have an urgent assessment by a clinician with core competencies in the care of acutely ill people and antibiotics given within 1 hour of risk being identified if indicated.

## Rationale

Sepsis is a medical emergency and needs urgent assessment, to identify the source of infection or any other potential cause of severe illness, and ensure that people receive appropriate treatment. People aged 16 or over, who are not and have not recently been pregnant, should be assessed by a clinician with core competencies in the care of acutely ill people. This will support rapid access to treatment without having to wait for a more senior doctor, alongside referral to a senior clinical decision maker to confirm diagnosis. The assessment should take place as soon as possible and within a timeframe that allows antibiotics to be given within an hour of risk being identified if indicated. For people at high risk of severe illness or death from sepsis, the clinical benefits of having the first dose of intravenous antibiotics within an hour of risk being identified outweigh any risks associated with possible antimicrobial resistance.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

a) Proportion of people aged 16 or over with a high risk of severe illness or death from

sepsis in an acute hospital setting (who are not and have not recently been pregnant) who have an urgent assessment by a clinician with core competencies in the care of acutely ill people.

Numerator – the number in the denominator who have an urgent assessment by a clinician with core competencies in the care of acutely ill people.

Denominator – the number of people aged 16 or over with a high risk of severe illness or death from sepsis in an acute hospital setting (who are not and have not recently been pregnant).

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of people aged 16 or over with a high risk of severe illness or death from sepsis in an acute hospital setting who receive the first dose of intravenous antibiotics within 1 hour of risk being identified.

Numerator – the number in the denominator who receive the first dose of intravenous antibiotics within 1 hour of risk being identified.

Denominator – the number of people aged 16 or over with a high risk of severe illness or death from sepsis in an acute hospital setting.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records and local prescribing data. The Emergency Care Data Set includes data on assessment tools, including NEWS2, and treatment with intravenous antibiotics.

## What the quality statement means for different audiences

**Service providers** (secondary care services) ensure that a clinician with core competencies in the care of acutely ill people is available for urgent assessment of people aged 16 or over with a high risk of severe illness or death from sepsis (who are not and have not recently been pregnant). Mechanisms should be in place to give the first dose of intravenous antibiotics within 1 hour of risk being identified if indicated.

**Healthcare professionals** (such as healthcare professionals working in emergency departments) request an urgent assessment from a clinician with core competencies in the care of acutely ill people, or carry out an urgent assessment if they have the relevant competencies, when they identify people aged 16 or over with a high risk of severe illness or death from sepsis (who are not and have not recently been pregnant) so that antibiotics can be given within 1 hour of risk being identified if indicated.

**Commissioners** ensure that acute hospital settings can demonstrate that a clinician with core competencies in the care of acutely ill people carries out urgent assessments for people aged 16 or over identified as being at high risk of severe illness or death from sepsis (who are not and have not recently been pregnant) and that intravenous antibiotics are given within 1 hour of risk being identified if indicated.

**People aged 16 or over with symptoms that suggest life-threatening illness from sepsis (who are not and have not recently been pregnant)** have an urgent assessment by a healthcare professional with expertise in caring for people who are acutely ill and start antibiotics within 1 hour if needed to make sure that they have the best treatment as soon as possible. If it will take more than an hour to get to hospital, the antibiotics may be given by healthcare professionals in primary care or by ambulance staff.

## Source guidance

Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 (2025), recommendations 1.8.2 and 1.8.3 and expert consensus

## Definitions of terms used in this quality statement

### High risk of severe illness or death from sepsis

In acute hospital settings, people aged 16 or over (who are not and have not recently been pregnant) are at high risk of severe illness or death from sepsis if:

- they have suspected or confirmed infection and a NEWS2 score of 7 or above
- they have suspected or confirmed infection, a NEWS2 score below 7, and:

- a single parameter contributes 3 points to their NEWS2 score and a medical review has confirmed that they are at high risk or
- there are any other clinical reasons for concern.

Clinical judgement should be used to interpret the NEWS2 score. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.1]

## **Urgent assessment**

An urgent assessment should take place as soon as possible and within a timeframe that enables provision of antibiotics within 1 hour of risk being identified, if indicated. [Expert opinion]

## **Clinician with core competencies in the care of acutely ill people**

A clinician at FY2 level or above. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.2]

## **Within 1 hour of risk being identified**

Within 1 hour of calculation of the person's NEWS2 score on initial assessment in the emergency department or on ward deterioration. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.3]

## **Recently pregnant**

Someone is considered to have recently been pregnant:

- in the 24 hours following a termination of pregnancy or miscarriage
- for 4 weeks after giving birth.

Clinical judgement is needed after miscarriage (particularly in the second trimester) or termination (particularly in the second or third trimester), because it is not clear how quickly people's physiology returns to pre-pregnancy levels in these situations. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), terms used in this guideline]

# Quality statement 4: Intravenous fluids

## Quality statement

People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings have an intravenous fluid bolus within 1 hour of risk being identified, unless contraindicated.

## Rationale

Early intervention with intravenous fluids is vital for managing sepsis. It can help to reverse septic shock and to restore cardiovascular stability for people who are at high risk of severe illness or death. Intravenous fluids improve oxygen delivery to organs and so reduce long-term disability associated with poor tissue perfusion.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

Proportion of people aged 16 or over at high risk of severe illness or death from sepsis in an acute hospital setting who receive an intravenous fluid bolus within 1 hour of risk being identified.

Numerator – the number in the denominator who receive an intravenous fluid bolus within 1 hour of risk being identified.

Denominator – the number of people aged 16 or over at high risk of severe illness or death from sepsis in an acute hospital setting.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations. for example, from patient records. The

Emergency Care Data Set includes data on assessment tools, including NEWS2, and treatment with intravenous bolus. Given that an intravenous fluid bolus may be contraindicated, achievement levels should be agreed locally.

## What the quality statement means for different audiences

**Service providers** (secondary care services) ensure that systems are in place for people aged 16 or over who are at high risk of severe illness or death from sepsis to have an intravenous fluid bolus within 1 hour of risk being identified.

**Healthcare professionals** (such as healthcare professionals working in emergency departments) give an intravenous fluid bolus to people aged 16 or over who are at high risk of severe illness or death from sepsis, within 1 hour of risk being identified.

**Commissioners** ensure that they commission services in which people aged 16 or over who are at high risk of severe illness or death from sepsis have an intravenous fluid bolus within 1 hour of risk being identified.

**People aged 16 or over with symptoms that suggest life-threatening illness from sepsis** have fluids in hospital through a drip or injection, no more than an hour after they have been identified as being at high risk.

## Source guidance

Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 (2025), recommendation 1.8.4

## Definitions of terms used in this quality statement

### High risk of severe illness or death from sepsis

In acute hospital settings, people aged 16 or over (who are not and have not recently been pregnant) are at high risk of severe illness or death from sepsis if:

- they have suspected or confirmed infection and a NEWS2 score of 7 or above.

- they have suspected or confirmed infection, a NEWS2 score below 7, and:
  - a single parameter contributes 3 points to their NEWS2 score and a medical review has confirmed that they are at high risk or
  - there are any other clinical reasons for concern.

Clinical judgement should be used to interpret the NEWS2 score. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.1]

## **Within 1 hour of risk being identified**

Within 1 hour of calculation of the person's NEWS2 score on initial assessment in the emergency department or on ward deterioration. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.3]

## **Unless contraindicated**

Providing there are no contraindications such as cardiac or renal failure. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), rationale and impact section on when to give fluids]

# Quality statement 5: Escalation of care

## Quality statement

People aged 16 or over at high risk of severe illness or death from sepsis in acute hospital settings are seen by a senior clinical decision maker if their condition does not respond within 1 hour of any initial intervention.

## Rationale

Septic shock is associated with a high risk of death, so specialist input is important for people who have not had significant improvement after any initial intervention. It is important for the senior clinical decision maker to attend in person. Being looked after by specialist healthcare staff can improve clinical outcomes for these people.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

Proportion of people aged 16 or over at high risk of severe illness or death from sepsis in an acute hospital setting (who are not and have not recently been pregnant) who are seen by a senior clinical decision maker if their condition does not respond within 1 hour of any initial intervention.

Numerator – the number in the denominator who are seen by a senior clinical decision maker.

Denominator – the number of people aged 16 or over at high risk of severe illness or death from sepsis in an acute hospital setting (who are not and have not recently been pregnant) whose condition does not respond within 1 hour of any initial intervention.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, patient records. Senior clinical decision maker review should take place as soon as possible. For measurement purposes, services may wish to define a locally agreed timeframe.

## What the quality statement means for different audiences

**Service providers** (secondary care services) ensure that a senior clinical decision maker is available to see people aged 16 or over who are at high risk of severe illness or death from sepsis (who are not and have not recently been pregnant) if their condition does not respond within 1 hour of any initial intervention.

**Healthcare professionals** (such as healthcare professionals working in emergency departments) ask a senior clinical decision maker to see people aged 16 or over who are at high risk of severe illness or death from sepsis (who are not and have not recently been pregnant) if their condition does not respond within 1 hour of any initial intervention. Senior clinical decision makers attend promptly when asked to see people in these circumstances.

**Commissioners** ensure that they commission services in acute hospital settings in which senior clinical decision makers are available to see people aged 16 or over who are at high risk of severe illness or death from sepsis (who are not and have not recently been pregnant) if their condition does not respond within 1 hour of any initial intervention.

**People aged 16 or over with symptoms that suggest life-threatening illness from sepsis (who are not and have not recently been pregnant) that do not improve** within 1 hour of initial treatment, see a senior doctor. The senior doctor will be able to arrange specialist treatment to prevent septic shock.

## Source guidance

Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 (2025) recommendation 1.8.15

## Definitions of terms used in this quality statement

### High risk of severe illness or death from sepsis

In acute hospital settings, people aged 16 or over (who are not and have not recently been pregnant) are at high risk of severe illness or death from sepsis if:

- they have suspected or confirmed infection and a NEWS2 score of 7 or above.
- they have suspected or confirmed infection, a NEWS2 score below 7, and:
  - a single parameter contributes 3 points to their NEWS2 score and a medical review has confirmed that they are at high risk or
  - there are any other clinical reasons for concern.

Clinical judgement should be used to interpret the NEWS2 score. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.8.1]

### Senior clinical decision maker

A 'senior clinical decision maker' for people under 18 is a paediatric or emergency care qualified doctor of grade ST4 or above or equivalent.

A 'senior clinical decision maker' for people aged 18 years or over is a clinician of grade ST3 or above or equivalent. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), terms used in this guideline]

### Does not respond

Signs that the person is not responding to resuscitation include lack of improvement or worsening:

- tachycardia
- level of consciousness
- blood pressure
- respiratory rate

- blood lactate
- urine output
- peripheral perfusion
- blood gases.

[[NICE's guideline on suspected sepsis in people aged 16 or over](#), terms used in this guideline]

## Recently pregnant

Someone is considered to have recently been pregnant:

- in the 24 hours following a termination of pregnancy or miscarriage
- for 4 weeks after giving birth.

Clinical judgement is needed after miscarriage (particularly in the second trimester) or termination (particularly in the second or third trimester), because it is not clear how quickly people's physiology returns to pre-pregnancy levels in these situations. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), terms used in this guideline]

# Quality statement 6: Information for people whose condition is managed outside acute hospital settings

## Quality statement

People aged 16 or over with suspected sepsis whose condition is managed outside acute hospital settings are given information about symptoms to monitor and how to access medical care if needed.

## Rationale

Sepsis cannot always be ruled out for people with suspected sepsis whose condition is managed outside acute hospital settings. They need to know which symptoms to look out for and how to access medical care urgently if these symptoms develop. This awareness will mean rapid management if symptoms become worse.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Process

a) Proportion of people aged 16 or over with suspected sepsis who do not meet any high or moderate to high risk criteria outside acute hospital settings who are given information about symptoms to monitor and how to access medical care.

Numerator – the number in the denominator who are given information about symptoms to monitor and how to access medical care.

Denominator – the number of people aged 16 or over with suspected sepsis who do not

meet any high or moderate to high risk criteria outside acute hospital settings.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of people aged 16 or over who were assessed for suspected sepsis but are being discharged from an acute setting without a diagnosis of sepsis who are given information about symptoms to monitor and how to access medical care.

**Numerator** – the number in the denominator who are given information about symptoms to monitor and how to access medical care.

**Denominator** – the number of people aged 16 or over who were assessed for suspected sepsis but are being discharged from an acute setting without a diagnosis of sepsis.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

## What the quality statement means for different audiences

**Service providers** (such as primary, ambulatory and secondary care services) ensure that information is available about symptoms to monitor and how and when to access medical care for people with suspected sepsis whose condition is being managed outside acute hospital settings.

**Healthcare professionals** (such as GPs and healthcare professionals working in emergency departments) give and discuss information about which symptoms to monitor and how and when to access medical care to people with suspected sepsis whose condition is being managed outside acute hospital settings.

**Commissioners** ensure that they commission services with protocols in place to provide information about symptoms to monitor and how to access medical care to people with suspected sepsis whose condition is being managed outside acute hospital settings.

**People aged 16 or over with suspected sepsis whose condition is being managed outside acute hospital settings** are given information about what to do if they still feel

unwell, important signs to look out for and when and where to get urgent help if they are worried about their condition.

## Source guidance

Suspected sepsis in people aged 16 or over: recognition, assessment and early management. NICE guideline NG253 (2025) recommendations 1.7.10, 1.7.13, 1.8.27 and 1.14.1

## Definitions of terms used in this quality statement

### Suspected sepsis

Suspected sepsis is used when people might have sepsis and their condition needs a face-to-face assessment and consideration of urgent intervention.

Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection. Symptoms of sepsis can include, but are not limited to:

- high body temperature or low body temperature
- fast heartbeat, fast breathing
- feeling dizzy or faint, losing consciousness
- a change in mental state, for example, confusion or disorientation
- diarrhoea, nausea and vomiting
- slurred speech
- severe muscle pain
- breathlessness
- reduced urine production
- cold, clammy and pale or mottled skin.

People with sepsis may have non-specific, non-localised presentations, for example, they

may feel very unwell and may not have a high temperature. [[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendation 1.1.2, terms used in this guideline and expert opinion]

## **Whose condition is being managed outside acute hospital settings**

People with suspected sepsis:

- who do not meet any high or moderate to high risk criteria outside acute hospital settings (see [table 1 in NICE's guideline on suspected sepsis in people aged 16 or over](#)) and
- those who are assessed for suspected sepsis but discharged from an acute setting without a diagnosis of sepsis.

[[NICE's guideline on suspected sepsis in people aged 16 or over](#), recommendations 1.7.10, 1.7.13, 1.8.27 and 1.14.1]

## Update information

**November 2025:** Changes have been made to align this quality standard with the updated [NICE guideline on suspected sepsis in people aged 16 or over: recognition, assessment and early management](#). This quality standard is for people aged 16 or over who are not and have not recently been pregnant. Statements, measures, definitions, and audience descriptors have been updated to reflect recommendations for this population.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

For all quality statements where information is given, it is important that people are provided with information that they can easily read and understand themselves, or with

support, so they can communicate effectively with healthcare services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter if needed. People should also have access to an advocate, if needed, as set out in [NICE's guideline on advocacy services for adults with health and social care needs](#).

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [UK Sepsis Trust](#)
- [Royal College of Pathologists](#)