Survey of current management of patients with severe sepsis/septic shock in the NHS



To provide a baseline for a number of research studies at ICNARC, we would like to gain an understanding of the current management of patients with severe sepsis/septic shock in the NHS. As a Clinical Director of an adult, general critical care unit, we need your help (and just 10 minutes of your time...!).

This survey has five parts:

- Emergency Department (ED) management how you perceive patients with severe sepsis/septic shock are managed in your ED prior to admission to your critical care unit;
- Critical care unit management how patients with severe sepsis/septic shock are managed following admission to your critical care unit;
- Adjunctive therapies other possible adjunctive therapies used in the management of patients with severe sepsis/septic shock in your critical care unit;
- More generally in your critical care unit other therapies used in the management of patients in your critical care unit; and
- Care bundles care bundles used in the management of patients with severe sepsis/septic shock in your ED/critical care unit.

When answering the questions about critical care, please try to describe actual, rather than ideal, practice. Estimated frequencies are fine.

Big thanks...!

About you		
Name		
Job title		
Hospital		
Email		

*** Perceived Emergency Department management

Are the following done in the ED?

	Yes/No	Approx. % patients
Blood cultures		
Imaging studies		
IV antibiotics within one hour		

What is the preferred choice of intravenous fluid for volume resuscitation in the ED?

	Approx. % patients
Crystalloid	
Colloid	
Other	
If other, please specify	

Does your ED use a resuscitation protocol?

Yes No

If yes:

Which parameters are used (please indicate Yes/No)?
In what order (use same rank for concurrent interventions)?
To what target(s) (please state)?

	Parameter used (Yes/No)	Rank order	Target(s)
Urine output (ml/kg/hr)			
MAP (mmHg)			
Lactate (mmol/l)			
CVP (non-ventilated) (mmHg)			
CVP (ventilated) (mmHg)			
Intermittent ScVO2 (%)			
Continuous ScVO2 (%)			
Mixed venous oxygen saturation (with PAC) (%)			
СО			
Haemoglobin (known cardiac disease) (g/dl)			
Haemoglobin (without cardiac disease) (g/dl)			
Other (please state)			

If yes, ED resuscitation protocol compliance:

	%
Expected compliance	
Actual compliance	
Was actual % - (E)stimated or (A)udited?	

What is the preferred choice of "first line" vasopressor in the ED?

\bigcirc	Dopamine
\bigcirc	Norepinephrine
\bigcirc	Epinephrine
\bigcirc	Vasopressin
\bigcirc	Other, please state:

What is the preferred choice of "first line" inotrope in the ED?

Dobutamine	
Epinephrine	
Milrinone	
Levosimendan	
Other, please sta	te:

Contact email address for the Clinical Lead in your ED (we will contact them also to provide answers to the above questions)

*** Critical Care Unit management

How patients with severe sepsis/septic shock are managed following admission to your critical care unit.

Are the following done in your critical care unit (if not previously done in ED)?

	Yes/No	Approx. % patients
Blood cultures		
Imaging studies		
IV antibiotics within one hour		

What is your preferred choice of intravenous fluid for volume rescuscitation in your critical care unit?

Approx 0/ potionto

	Approx. % patients
Crystalloid	
Colloid	
Other	
If other, please specify	

Does your critical care unit use a resuscitation protocol?

O Yes O No

If yes:

- Which parameters are used (please indicate Yes/No)?
 In what order (use same rank for concurrent interventions)?
 To what target(s) (please state)?

	Parameter used (Yes/No)	Rank order	Target(s)
Urine output (ml/kg/hr)			
MAP (mmHg)			
Lactate (mmol/l)			
CVP (non-ventilated) (mmHg)			
CVP (ventilated) (mmHg)			
Intermittent ScVO2 (%)			
Continuous ScVO2 (%)			
Mixed venous oxygen saturation (with PAC) (%)			
со			
Haemoglobin (known cardiac disease) (gm/dl)			
Haemoglobin (without cardiac disease) (gm/dl)			
Other (if yes, please state)			

If yes, critical care resuscitation protocol compliance:

	%
Expected compliance	
Actual compliance	
Was actual % - (E)stimated or (A)udited?	

If your critical care unit uses a resuscitation protocol, then does it commence in your ED and transition in to your critical care unit?

\frown	\sim	N
(Yes (No	Don't use one

What is your preferred choice of "first line" vasopressor in your critical care unit?

\bigcirc	Dopamine
\bigcirc	Norepinephrine
\bigcirc	Epinephrine
\bigcirc	Vasopressin
\bigcirc	Other, please state:

What is your preferred choice of "first line" inotrope in your critical care unit?

Dobutamine Epinephrine Milrinone Levosimendan Other, please state:

Reviewing your overall management of severe sepsis/septic shock in your ED/critical care unit, what would be the usual order for doing the following (use same rank for concurrent interventions, rank zero for not done)?

		Order
Blood culture(s)		
IV fluids		
Antibiotics		
EGDT		
Source control		
	Adjunctive therapies	
	Other possible adjunctive therapies used in the management of patients with su your critical care unit	evere sepsis/septic shock in

For advanced management in your critical care unit, do you use the following?

	Yes/No	% patients	Estimated	Audited
Steroids for persistent hypotension in septic shock				
Activated protein C				
Glucose control				

For glucose control in your critical care unit, what target do you aim for?

04-6 mMol/L
6-8 mMol/L
🔘 8-10 mMol/L
Other, please specify:

For mechanically ventilated patients, in normal circumstances, which of the following options do you use (accepting the fact that, in exceptional circumstances, these options cannot be adhered to)?

	Yes/No	Approx. % patients
A tidal volume of 6 ml/kg ideal body weight		
An upper limit plateau pressure target of 30 cm H2O		
Permissive hypercapnia (allow PaCO2 to increase above normal)		
Head of the bed elevation to 45°		
Prone positioning		
High frequency oscillation		
Inhaled nitric oxide		
Extracorporeal Membrane Oxygenation		
Steroids		
A weaning protocol		

For advanced management in your critical care unit, do you use the following?

	Yes/No	Approx. % patients	Clinical situation
TPN			
Immunonutrition			
SDD			
IVIg			
3	-		
Plasmapharesis			
High volume haemofiltration			_
Fritheoneistin			
Erythropoietin			
Growth hormone			
Beta blockers			
Statins	-		_
Antithrombin III			
N acetyl cysteine			

Antioxidants (e.g. Selenium)



More generally, in your critical care unit

In your critical care unit, do you use the following?

	Yes	No
A sedation protocol		
Intermittent bolus sedation		
Continuous infusion sedation		
Sedation scores		
Daily sedation holds		
DVT prophylaxis		
Stress ulcer prophylaxis		

Care bundles

Care bundles used in the management of patients with severe sepsis/septic shock in your ED/critical care unit

In your critical care unit, do you use the following?

	Yes/No	Compliance %	Estimated	Audited
Surviving Sepsis Campaign Resuscitation Bundle				
Your own resuscitation bundle				
Surviving Sepsis Campaign Management Bundle				
Your own management bundle				
Survive Sepsis UK Sepsis Six				

If you do not use care bundles in your critical care unit, please explain why?