TAMANG SAGOT

PhilHealth Circular No. 2018-0013

"Policy Statements on the Diagnosis and Management on Sepsis Among Adults as Reference by the Corporation in Ensuring Quality of Care"

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1. What is PhilHealth Circular No. 2018-0013?

This policy defines the standards of care in the diagnosis and management of sepsis among adults and shall be used primarily to provide guidance to doctors, hospitals and patients as to what tests, medicines, and procedures are strongly recommended. The statements are derived from appraised clinical practice guidelines and expert opinion.

It shall be used by the Corporation as one of its references in assessing the quality of care rendered by PhilHealth-accredited health care providers to members through performance monitoring and other activities when necessary.

2. What specific group of patients shall this policy apply to?

This policy pertains to adult patients diagnosed with sepsis or septic shock. For purposes of this policy, adult patients are those who are 19 years and older.

3. What is sepsis and septic shock?

- Sepsis a life-threatening organ dysfunction caused by dysregulated host response to infection.
- Septic shock is sepsis with circulatory and cellular/metabolic dysfunction associated with higher risk of mortality.

4. How do you know if someone has sepsis or septic shock?

A patient is suspected to have sepsis or septic shock if he/she has a history of infection, documented or suspected, including presence of some of the following parameters:

a. General - fever, hypothermia (abnormally low body temperature), tachycardia (fast heart rate), tachypnea (excessively rapid breathing), altered mental status.
b. Inflammatory – elevated plasma C-reactive protein, procalcitonin, and serum lactate levels (for septic shock), >10% bands of white blood cells.
c. Hemodynamic – arterial hypotension
d. Organ dysfunction – arterial hypoxemia, acute oliguria, creatinine increase, coagulation abnormalities, ileus, thrombocytopenia, hyperbilirubinemia
e. Tissue perfusion – hyperlactatemia, decreased capillary refill or skin mottling

5. What are the recommended initial tests for suspected sepsis or septic shock?

Complete blood count and appropriate routine microbiologic cultures (including blood) shall be obtained before starting antimicrobial therapy in patients with suspected sepsis or septic shock which should result in no substantial delay in the start of antimicrobials.

6. What are the recommended imaging tests for suspected sepsis or septic shock?

Relevant imaging studies such as, but not limited to, ultrasonography and chest x-ray, whenever appropriate, are recommended in patients with suspected sepsis or septic shock.

7. What are the recommended initial management for sepsis and septic shock?

a. Sepsis and septic shock are considered medical emergencies and treatment should begin immediately. The administration of intravenous antimicrobials should be initiated after recognition of the said condition.
b. Specific site of infection should be identified as rapidly as possible in patients with sepsis or septic shock, and that any required source control intervention should be implemented as soon as medically and logistically practical after the diagnosis is made.
c. Prompt removal of intravascular access device that are possible sources of sepsis or septic shock after other vascular access has been established.
d. Initial fluid resuscitation should be given and additional fluids are guided by frequent reassessment of hemodynamic status.
e. Vasoactive medications are helpful to normalize blood pressure.

8. When are blood products used in sepsis and septic shock?

The use of blood products is recommended in any of the following conditions:
a. Hemoglobin level is less than 7 in the absence of bleeding.
b. Platelet count less than 10,000 in the absence of bleeding or less than 20,000 if there is significant risk of bleeding or more than 50,000 if there is active bleeding, planned surgery or invasive procedures.

9. What is the recommended length of hospital stay in sepsis and septic shock?

A minimum of seven (7) days of hospital confinement is generally expected for patients with sepsis or septic shock except for urologic sepsis which may require shorter stay of 4 – 6 days.

10. When will PC 2018-0013 take effect?

The Circular shall take effect fifteen days after publication.