Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

PHILHEALTH CIRCULAR
No. 2015-0013

FOR : **ALL ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHER CONCERNED**

SUBJECT : **Policy Statements on the Diagnosis and Management on Sepsis Among Adults as reference by the Corporation in ensuring quality of care**

I. RATIONALE

The revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 (RA 7875 as amended by RA 9241 and RA 10606) under Title V (Quality Assurance and Accreditation) Rule 1 (Quality Assurance) Section 51 provides the implementation of quality assurance standards as reference for ensuring quality of care services.

Compliance to clinical practice guidelines (CPGs) shall be one of the strategies in the implementation of quality assurance standards. The CPG recommendations which are based on best available evidence and translated into policy statements shall be used primarily to provide guidance to doctors, hospitals and patients as to what tests, medicines, and procedures are strongly recommended. 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.

Sepsis is one of the top illnesses in claims reimbursement. This inpatient condition is a time-dependent medical emergency with a high risk for mortality that requires intravenous treatment and close observation. To ensure better outcomes, these policy statements incorporate selected treatment recommendations from the clinical practice guideline "Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016" (2017); Sepsis Management: National Clinical Guideline No.6. Guideline Development Group of the National Sepsis Steering Committee, Ministry of Health of the Republic of Ireland (Nov 2014); and expert opinion from the Philippine College of Physicians (PCP), Philippine Academy of Family Physicians (PAFP), and Philippine Society for Microbiology and Infectious Diseases (PSMID).

II. OBJECTIVES

This circular aims to define the standards of care in the diagnosis and management of sepsis in line with the quality assurance program of the Corporation.

III. SCOPE

This circular shall apply to all health care providers providing care to adult patients diagnosed with sepsis or septic shock including members/patients and other relevant stakeholders.

IV. DEFINITION OF TERMS

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

V. GENERAL GUIDELINES

A. DIAGNOSTIC CRITERIA FOR SEPSIS

A patient with a history of infection, documented or suspected, including presence of some of the following parameters:

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

B. LABORATORY TESTS

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.

C. IMAGING STUDIES

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

D. TREATMENT

1. Antimicrobial therapy
   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. It is recommended that empirical treatment with one or more broad-spectrum antimicrobials should be instituted for patients presenting with sepsis or septic shock to cover for all likely pathogens.
   c. Empiric antimicrobial therapy is narrowed once pathogen identification and sensitivities are established and/or clinical improvement is observed.
   d. A treatment duration of 7 to 10 days, in the absence of source control issues, is generally adequate for most serious infections associated with sepsis and septic

shock.

e. Longer courses of treatment are appropriate in patients, who have slow clinical response, immunologic deficiencies, undrainable foci of infection, bacteremia with staphylococcus aureus, or some fungal and viral infections.

f. Shorter courses of treatment are appropriate in some patients, particularly those with rapid clinical resolution, following effective source control of intra-abdominal or urinary sepsis and those with anatomically uncomplicated pyelonephritis.

g. Daily assessment should be performed for de-escalation of antimicrobial therapy.

2. Fluid resuscitation

Initial fluid resuscitation should be given and additional fluids are guided by frequent reassessment of hemodynamic status. The initial fluid of choice is crystalloids.

3. Vasoactive medications

a. Norepinephrine is the recommended first-choice vasopressor agent

b. Dopamine is an alternative only in highly selected patients.

c. Other agents: dobutamine, epinephrine, vasopressin

4. Immunoglobulins and anticoagulants

The use of IV immunoglobulins and antithrombin in patients with sepsis and septic shock is not recommended.

5. Corticosteroids

The use of IV hydrocortisone is not recommended if adequate fluid resuscitation and vasopressor therapy are able to restore hemodynamic stability.

E. Blood products

The use of blood products is recommended in any of the following conditions:

1. Hemoglobin level is less than 7 in the absence of bleeding.
2. 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.

F. Source control

1. 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.
2. Prompt removal of intravascular access device that are possible source of sepsis or septic shock after other vascular access has been established.

G. Length of stay

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.

H. Setting goals of care

1. The goals of care and prognosis are discussed with patients and families.
2. The goals of care are incorporated into treatment and end-of-life care planning, utilizing palliative care principles where appropriate.

V. EFFECTIVITY DATE

This circular shall take effect fifteen days after publication in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

ROY B. FERRER, M.D., MSc.
Acting President and Chief Executive Officer (CEO)

Date signed: 07/27/2018