

The 2025 Updated NICE Sepsis Guidelines

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About me

- Came to Leicester 1992
 - Consultant Paediatric Intensive Care /Hon Senior Lecturer 1998-2021
 - Supported NICE as member of Health Technology Committee 2003-12, peripatetic NICE guideline chair 2010-21
- Retired from Clinical Practice 2021
- WFH 2021-present
 - Consultant Clinical Advisor, NICE 2021-present
 - Honorary Senior Lecturer University of Leicester
 - SRO patient safety, NICE 2023- present



About NICE

NICE helps practitioners and commissioners get the best care to people, fast, while ensuring value for the taxpayer.

We do this by:



Producing useful and usable guidance for health and care practitioners.



Focusing on what matters most by prioritising topics that are most important to the health and care system or address an unmet need.



Providing rigorous, independent assessment of complex evidence for new health technologies.



Encouraging the uptake of best practice to improve outcomes for everyone.

Sepsis guidelines and NICE

NG51

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NG51: Suspected sepsis: recognition, diagnosis and early management

NICE guideline Reference number:NG51. Published: 13 July 2016

- Covered all ages from one month and up, All healthcare settings
- Population: all populations - pregnant women and people at higher risk of sepsis noted as a specific subgroups
- Scope included
 - Recognition and early assessment, clinical signs and symptoms
 - Value of blood markers for predicting and detecting
 - Initial treatment
 - Escalating care
 - Identifying the source of infection
 - Early monitoring of people with sepsis
 - Information and support for patients and carers
 - Training and education



NG51: Suspected sepsis: recognition, diagnosis and early management

NICE guideline Reference number:NG51. Published: 13 July 2016

- Early assessment and actions based on the presence of high-risk and moderate-to-high-risk clinical criteria.
- NICE recommended NEWS2 for acute settings from 2024
- NG51 was withdrawn in November 2025 and replaced by NICE's guidelines on:
 - suspected sepsis in people aged 16 or over (NG253),
 - suspected sepsis in under 16s (NG254) and
 - suspected sepsis in pregnant or recently pregnant people (NG255).



NEWS2

- National Early Warning Score (NEWS) was developed by the Royal College of Physicians in 2012
- NEWS2 released in 2017
- NEWS2 endorsed from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients – *including those with sepsis* – in hospitals in England.
- RCGP in 2019 - more research evidence on the use of NEWS2 in a primary care setting is required.
- The update to NG51 was driven by the NHSE adoption of NEWS2

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NG253: Suspected sepsis in people aged 16 or over.

- Covers the same areas as NG51, but only in people aged 16 and over
- Use NEWS2 in an acute hospital setting, acute mental health setting or ambulance.
- Consider using an early warning score to assess people with suspected sepsis who are 16 or over, in a community or custodial setting.
- Initial assessment based on clinical examination and vital signs
- Evaluate risk based on:
 - NEWS2 in acute hospital settings, acute mental health settings & ambulances
 - Presence of high-risk and moderate-to-high-risk criteria in non-acute settings



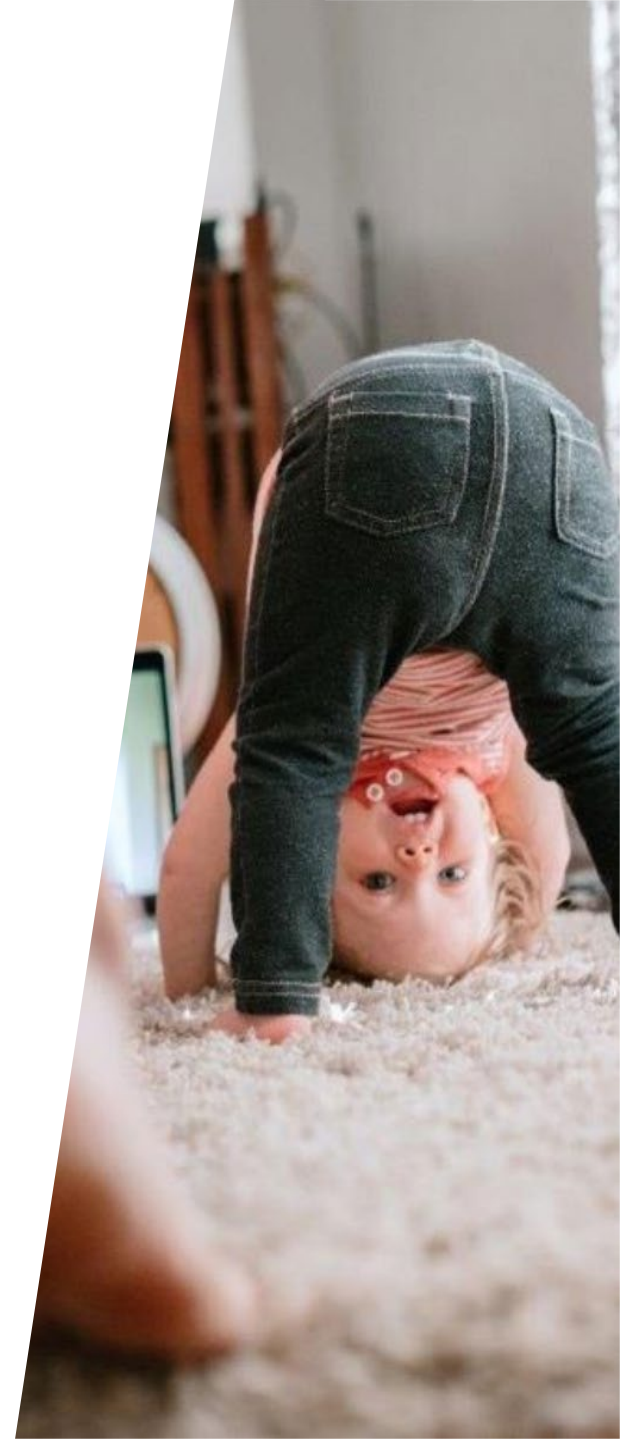
Other changes and reviews

- Evidence reviews on:
 - In people with suspected sepsis how accurate are blood tests to identify whether sepsis is present?
 - In people with suspected sepsis how accurate is blood lactate to identify worsening sepsis?
 - In people with suspected sepsis how accurate is serum creatinine to identify worsening sepsis?
 - When is the most appropriate time for care of people with suspected sepsis to be directed to: a senior healthcare professional, and critical care providers?
- Amended recommendations on assessing people with communication challenges and managing suspected sepsis in acute mental health settings



NG254: Suspected sepsis in under 16s.

- Population: babies, children and young people under 16 (not pregnant or recently pregnant) with suspected sepsis.
- Setting: In-hospital and ambulance settings
- Update:
 - all existing recommendations for which NPEWS is relevant.
 - Procalcitonin
 - IV Fluids
 - Indicators of organ hypoperfusion
 - Peripheral Vasopressors



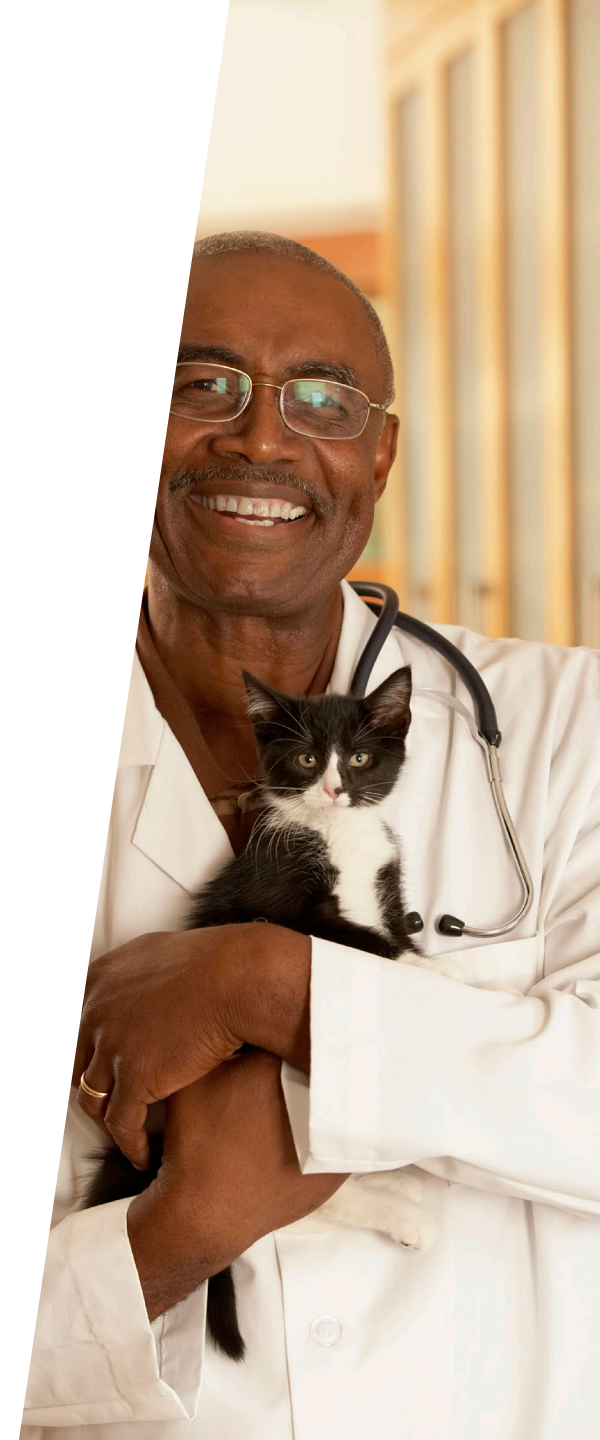
NG255: Suspected sepsis in pregnant or recently pregnant people

- Population: people with suspected sepsis who are pregnant or have recently been pregnant.
- Setting: In-hospital and ambulance settings
- Update:
 - all existing recommendations for which the maternity early warning score (MEWS) is relevant.
 - Procalcitonin
 - IV Fluids
 - Indicators of organ hypoperfusion
 - Peripheral Vasopressors



Issues around Early Warning Scores

- Use of Early Warning Scores in different settings, such as:
 - Primary care and NEWS
 - NEWS and PEWS in ED
 - MEWS or PEWS in pregnant young people
- Multiple scores in one department
- Transition from PEWS to NEWS/ 16-17 year olds / 'orphan' young adults in specialised services



Personal Reflections

- Merely collecting the score is not a therapeutic action.
- The trend is important, not just the number - *“When it becomes only about the score, it’s no longer about the child”.*
- Examine the patient, listen to the relatives.
- NEWS, PEWS and MEWS are all cause observation tracking systems, NOT sepsis alert systems. Once a person reaches medium or high level acuity think about relevant causes and include sepsis in that thought.



Summary

- NICE guidance has been amended to include the use of the National Early Warning Score NEWS2 in acute and mental health settings.
- Evidence has also been / is being reviewed on on rapid antigen testing and PCR tests, indicators of organ hypoperfusion, intravenous fluid therapy, vasopressors, and risk factors for sepsis and changes made where appropriate.
- Similar reviews are planned for our sepsis guidelines for suspected sepsis in under 16s, and suspected sepsis in pregnancy.



Thank you.

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