Fevers

START HERE

CONFIRM THE STORY
History, obs, source clues, recent rigors or confusion

ASK: COULD THIS BE SEPSIS?
Infection + organ dysfunction

CHECK BLOODS
FBC, U&E, CRP, cultures, lactate if unwell

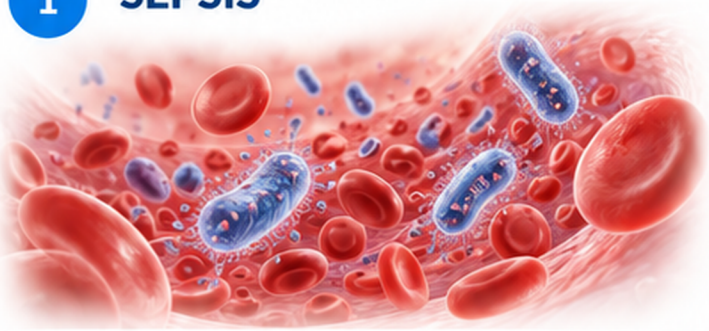
FIND THE SOURCE
Chest, urine, abdomen, lines, skin

TREAT EARLY
Fluids, antibiotics, oxygen if needed, reassess

Not every fever is sepsis — but always ask if infection is causing organ dysfunction.

COMMON CAUSES NOT TO MISS

1 SEPSIS



WHAT IT IS

- Sepsis = infection + organ dysfunction
- Think sepsis if the patient looks toxic or deteriorating

RED FLAGS

- Hypotension or rising oxygen requirement
- Tachycardia, tachypnoea or hypoxia
- New confusion or reduced consciousness
- Oliguria / poor urine output
- Raised lactate or mottled / very unwell appearance

SEPSIS SIX

- Give oxygen if needed
- Take blood cultures
- Give IV antibiotics
- Give IV fluids
- Check lactate
- Monitor urine output

KEY POINTS

- Give antibiotics promptly in suspected sepsis
- Source control matters
- Senior help early if shocked or deteriorating

Treat sepsis while you keep looking for the source.

2 PNEUMONIA



TYPICAL CLUES

- Cough, sputum, pleuritic pain, fever
- Crackles or focal chest signs
- Chest X-ray may show consolidation

WHAT TO DO

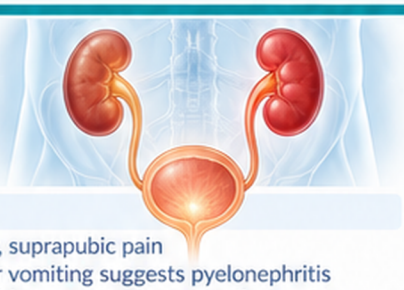
- Check sats, bloods and CXR
- Start antibiotics if clinically likely
- Give oxygen and fluids if needed

SEVERITY

- Use CURB-65 in hospital
- Use judgement as well as the score
- Higher scores, hypoxia or sepsis usually need admission

CURB-65 helps guide severity — it does not replace clinical judgement.

3 UTI



CLUES

- Dysuria, frequency, suprapubic pain
- Flank pain, fever or vomiting suggests pyelonephritis
- In older adults, delirium may be the presenting problem

DON'T MISS THIS

- Do not use urine dipsticks in adults over 65
- Do not use urine dipsticks in catheterised patients
- Send urine for culture if infection is suspected

WHAT TO DO

- Take a urine sample before antibiotics if possible
- Start antibiotics if UTI is likely
- Escalate if systemically unwell or septic

Treat the patient, not just a positive dipstick.

ALSO REMEMBER

- Sepsis can occur without a high temperature
- Cultures are useful, but do not delay antibiotics in sepsis
- Elderly patients often present with confusion rather than localising symptoms
- Always examine and look for a source

NICE Sepsis | MDCalc CURB-65 | NHS UTI

FrimleyAcute.com/TopTen