

The National Clinical Programme for Sepsis & the ICGP launched a General Practice Guide on recognising & managing sepsis in Adults in the community setting in 2024. It was acknowledged, at the time, that further discussion and analysis is required prior to providing guidance on the use of antibiotics, by GPs, in patients with suspected sepsis.

To develop the guidance further and in response to the recommendations of the Justice Clarke Report & Recommendations (following the tragic and untimely death of Aoife Johnston (RIP)), an expert working group was formed. The role and purpose of the working group was to review the available clinical evidence on the use of antibiotics in cases of suspected sepsis in the pre hospital setting and to discuss the feasibility, evidence & implications of commencing antibiotics in a patient with suspected sepsis in the community setting.

The group was tasked with making a recommendation on their findings to the Implementation Group for the Justice Clarke Recommendations.

The expert group was chaired by Dr Ellen Hayes (ICGP Lead: Adult Sepsis) and membership included clinical experts from Infectious Diseases, Emergency Medicine, AMRIC & Clinical Microbiology amongst others. A list of all group members is included on page 2. The group met virtually between October & December 2024. The HSE library services undertook extensive research and evidence summary to ensure there was a comprehensive evidence base in accessible format for review.

The final recommendation of the group is below:

On review of the current literature, there is insufficient evidence to recommend the routine use of prehospital antibiotics in patients with suspected sepsis. Suspected meningococcal disease is the exception, where urgent administration of benzylpenicillin is recommended.

This guidance follows largely from the lack of validated diagnostics available in primary care to distinguish between infection, sepsis and other conditions that may masquerade as sepsis. The risk of exposing the patient population to the harms of widespread antibiotic usage is not currently balanced by any evidence-based patient benefit.

In Ireland, there is a recognised process in place to aid transfer of the patient to an acute hospital in a timely manner and the priority remains urgent transfer for acute hospital evaluation, diagnosis, and management. As in all situations in practice, the guidance does not replace clinical judgement.

The National Clinical Programme for Sepsis and Irish College of GPs acknowledge the significant funding provided by HSE to support research and QI in primary care sepsis. This sepsis research in Irish general practice will help better understand and improve sepsis outcomes.



Expert Working Group Members:

Marie Philbin	AMRIC Chief Pharmacist
Ray Carney	Clinical Practice Manager, PHECC
Edel Doorley	(AMRIC) Advisor
Eimear Brannigan	National Clinical Lead AMRIC
Roisin Mulqueen	Consultant Microbiologist (community)
Michael O Dwyer (Co-Chair)	Clinical Lead Sepsis
Blathnaid Connolly	Programme Manager DPIP & Sepsis
Ellen Hayes (Chair)	ICGP/HSE Adult Sepsis lead
Andrea Fitzgerald	ICGP/HSE Paediatric Sepsis lead
Scott Walkin	AMRIC Clinical Lead/ICGP
David Menzies	Consultant Emergency Medicine
Karina O'Connell	Irish Society Clinical Microbiology
Anna-Rose Prior	Irish Society Clinical Microbiology
Mike Bennett	Consultant EM/NAS Clinical Lead
Denise McCarthy	Sepsis ADON Sepsis South West National Clinical Lead, NCP ID
Eavan Muldoon	Consultant Infectious Diseases
Lorna Quigley	Programme Manager NCP ID