

# What's New in the Patient Safety World

June 2026

## Surviving Sepsis Campaign 2026 Guideline Update

The Surviving Sepsis Campaign has just published updated guidelines on sepsis care ([Prescott 2026](#)), the first update since 2021. It is a pretty long document, including 129 statements, with 46 being new statements not previously addressed and more definitive recommendations.

A simple summary of changes would have been nice but the [Table of Statements](#) includes all the statements along with strength of recommendation, certainty of evidence, and whether the statement is a carryover statement or one that is new, revised, or revisited without change. Arrows also indicate whether the strength of recommendation or certainty of evidence has been upgraded or downgraded.

A full description is well beyond the scope of today's column, so we refer you to the [full document](#) or to the [Table of Statements](#). We'll comment on just a few of the new or upgraded recommendations.

One of the new recommendations deals with patients before they reach the hospital (such as those being transported via ambulance or air). The panel recommended using a standard sepsis screening tool to identify patients with likely sepsis sooner. So, patients with probable sepsis, low blood pressure, and those who are facing prolonged travel time to the hospital are recommended for antimicrobial therapy while enroute to hospital.

Another new recommendation is to not use anti-anaerobic antibiotics in patients at low risk for an anaerobic infection. The guideline points out that the urinary and pulmonary infections that most often lead to sepsis are far more likely to be caused by aerobic bacteria. Use of broad-spectrum antibiotics, which target all types of bacteria, kill off the gut microbiome and may lead to higher mortality. The guideline also recommends not using empiric anti-fungal therapy outside rare case-by-case situations in patients at very high risk of fungal infection.

One statement that was upgraded is the recommendation for de-escalation of antimicrobials over using fixed durations of therapy without daily reassessment for de-escalation. (De-escalation involves discontinuing unnecessary antimicrobial therapy or narrowing the spectrum of antimicrobial agents where appropriate.)

We suggest clinicians from your ICU staff or Infectious Disease staff prepare a summary of this lengthy guideline for presentation to staff in multiple disciplines.

### **Our other columns on sepsis:**

- March 15, 2011 “[Early Warnings for Sepsis](#)”
- April 1, 2014 “[Expensive Aspects of Sepsis Protocol Debunked](#)”
- September 8, 2015 “[TREWScore for Early Recognition of Sepsis](#)”
- October 2015 “[Even Earlier Recognition of Severe Sepsis](#)”
- February 2, 2016 “[Success Against Sepsis](#)”
- March 2016 “[Finally...A More Rationale Definition for Sepsis](#)”
- February 2017 “[Yes, the New Sepsis Criteria Fit the Bill](#)”
- June 6, 2017 “[NYS Mandate for Sepsis Protocol Works](#)”
- July 2021 “[Adverse Effects of Contact Isolation in the COVID-19 Era](#)”
- July 2021 “[EPIC Sepsis Prediction Tool Falls Short](#)”
- February 2026 “[Sequential Organ Failure Assessment \(SOFA\)-2 Score](#)”

### **References:**

Prescott HC, Antonelli M, Alhazzani W, et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2026. Critical Care Medicine 2026; Published online March 23, 2026  
[https://journals.lww.com/ccmjournal/fulltext/9900/surviving\\_sepsis\\_campaign\\_international.786.aspx](https://journals.lww.com/ccmjournal/fulltext/9900/surviving_sepsis_campaign_international.786.aspx)

Table of Statements

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