

RUH BREAST SEPSIS PATHWAY
NORMAL WORKING HOURS (9AM – 5PM)



**Please review the attached trust antibiotic guidance 'Skin and Soft Tissue Infections'.
 NB Lactating women should continue to breastfeed from the affected side. If lactating women require admission please consider 'Mary Ward' to facilitate breastfeeding.*

Community (GP/midwives), Emergency department and Inpatient referrals for patients with mastitis/breast abscess.
Any signs of sepsis?
 (Please refer to the RUH 'Adult Sepsis Proforma & Action Tool' which highlights the clinical signs of sepsis)

NO

YES

Patient systemically well.
No clinical concern for abscess.
 Commence on empirical oral antibiotics in line with Trust protocol*

Clinical concern for breast abscess.
 Please call the **breast abscess hotline ext. 4467** for a same day/next working day breast unit appointment and **complete an Electronic referral form (millennium/ERS/firstnet).**
 (Commence on empirical oral

Become septic

Urgently contact the **general surgical registrar on-call** through switchboard (bleep 7883)

Resuscitate in line with Trust sepsis protocol and commence empirical IV antibiotics* in line with Trust protocol

Once the patient is stable contact the **Breast abscess hotline ext. 4467** to arrange same day review and complete a **Millennium referral form to the breast unit.**

Discharge with worsening advice

Breast unit review and US examination +/- aspiration of the abscess under local anaesthetic. Aspirate to be sent for MC&S

Patient continues to be septic

1. General surgeons to continue resuscitation and treatment for sepsis.
 2. Breast unit appointment will be arranged daily (weekdays 8.45am) until the patient can be discharged or if further intervention is required.

Patient no longer septic

Patient no longer septic

Once clinically appropriate discharge with oral antibiotics* and analgesia prescribed.
If required, follow up will be arranged by the breast unit