Course Descriptor

Sepsis Recognition and Management · OBA-SEP-2026

DOCUMENT CONTROL

- Programme: Sepsis Recognition and Management (OBA-SEP-2026)
- Audience: Student and Facilitator · public-facing
- Version 2.0 | Issued 20/09/2026 | Review due 20/09/2027
- Provider: OBA Nursing Academy

Sepsis Recognition and Management

A fully self-directed, entirely online professional development programme for registered and enrolled nurses, nurse practitioners, midwives, students, and the managers and educators who supervise them. 8.5 CPD hours.

TWO THINGS TO SETTLE BEFORE YOU ENROL

- THIS IS NOT A TRIAGE COURSE AND IT IS NOT AN INFECTION PREVENTION COURSE. OBA's Triage Principles course teaches the Australasian Triage Scale at the front door; the Infection Prevention and Control family is about stopping infection happening. This course starts after it has, anywhere in a service, including hours after triage.
- AND IT NAMES NO MEDICINES. There is no antimicrobial agent, dose, route, frequency or duration, no fluid volume stated as a prescription and no vasopressor anywhere in it, because those belong to the current Therapeutic Guidelines, your service's antimicrobial formulary and a prescriber. What it does carry exactly is the timing framework - and both halves of it.

Course code	OBA-SEP-2026
Provider	OBA Nursing Academy
Duration	8.5 CPD hours, self-paced
Delivery	Entirely online, self-directed, through the OBA learning management system
Modules	11, plus a case study assessment and a summative assessment
Assessment	60 single-best-answer items, 80% pass mark, 2 attempts
Entry requirements	None. Written for registered and enrolled nurses and midwives in every setting
Content note	No antimicrobial agent, dose, route or duration; no fluid or vasopressor prescription
What it is not	Not an authority to practise. It authorises nothing beyond your existing scope
Outcome	Certificate of completion with a unique certificate

	identifier
Version	2.0, issued 20/09/2026, review due 20/09/2027

Who should enrol

- Registered and enrolled nurses in every setting where an acutely unwell person presents - which is every setting, because sepsis arrives through emergency departments, wards, residential aged care, community nursing and general practice alike
- Emergency and acute ward nurses, who do most of the recognising and most of the escalating
- Aged care and residential nurses, where the presentation is least likely to look like the textbook and most likely to be delirium, hypothermia or a fall
- Community, primary care and remote area nurses, for whom the deliverable is recognition and referral rather than resuscitation - and for whom point-of-care lactate may be the only test available
- Midwives and maternity nurses, where no decision support tool may exist and early escalation is the priority
- Nurses caring for children, where hypotension is NOT required to diagnose septic shock and parental concern is a named trigger
- Nurse unit managers, educators and clinical leads, who own the sepsis pathway, the escalation protocol and the indicators
- Internationally qualified nurses, for whom the Australian standard, the escalation culture and the family-activated escalation systems are frequently new

What you will cover

Module	Title	Hours
00	Orientation: The Question That Has to Be Asked Out Loud	0.50
01	What Sepsis Is: Organ Dysfunction, and Why There Is No Test	0.50
02	Could It Be Sepsis? The Full Set of Observations	0.50
03	The Patients Who Do Not Look Septic	0.50
04	Lactate, Tools and Clinical Judgement	0.50
05	Time-Critical Management: the Pathway and the Escalation	0.50
06	Antimicrobials: Both Halves of Quality Statement 3	0.50
07	Listening: Concern as a Clinical Finding	0.50
08	Coordination, Handover and Transitions of Care	0.50
09	After Sepsis: the Part Nobody	0.50

	Teaches	
10	The System Around It: Indicators, Standards and Your Pathway	0.50

How you will learn

1. Watch the narrated module video.
2. Read the Student Learner Guide for that module.
3. Complete the reflective workbook activity.
4. Complete the knowledge check and read the rationales.
5. Move to the next module when the system unlocks it.

The ten questions you will finish with

This course deliberately does not answer the questions that are set where you work. It tells you which they are, and the workbook has a page for the actual answers.

- What sepsis screening or decision support tool does my service use, and where is it?
- Where is my service's locally approved sepsis pathway, and have I read it?
- Who is the clinician with expertise in recognising and managing sepsis here at 3am, and how do I reach them?
- How do I get a venous lactate result here, and how long does it take? Is there point-of-care testing?
- Where are the blood culture bottles kept, and who is credentialled to collect them?

…and five more, in Module 10.

A note on the content

Two things about how this programme is written. It contains no photographs and no reproduced real cases - every scenario is constructed, because sepsis education built out of coronial findings teaches clinicians to recognise somebody else's failure rather than their own patient. And it takes seriously that a large proportion of any cohort has been part of a case where sepsis was recognised late. That is almost always a system finding rather than an individual one, the course says so repeatedly, and the support lines are on every student-facing document.

SUPPORT - FOR YOU, NOT FOR A PATIENT

• Nurse & Midwife Support - 1800 667 877. 24 hours, seven days. Free and confidential, for nurses, midwives and students - including after a case where sepsis was recognised late, which is one of the commonest reasons people ring.

• Lifeline - 13 11 14. 24 hours, seven days. National crisis support.

• You may stop this programme at any point and come back. Nothing is timed and there is no penalty.

What this course is, and is not

SCOPE OF PRACTICE AND CURRENCY

• This programme is professional development. It does not authorise any procedure, it credentials nobody, and it is not a substitute for assessed competence. It contains no antimicrobial agent, dose,

route or duration, no fluid volume prescription and no vasopressor regimen - those come from the current Therapeutic Guidelines, your service's endorsed guidelines and antimicrobial formulary, and a prescriber. Your service's sepsis pathway, its escalation protocol and your own scope of practice override anything in this programme wherever they differ.

- Content verified 20/09/2026 against the ACSQHC Sepsis Clinical Care Standard (June 2022, seven quality statements), the NSQHS Recognising and Responding to Acute Deterioration Standard, the NSQHS Preventing and Controlling Infections and Comprehensive Care Standards, the Antimicrobial Stewardship Clinical Care Standard, and the Surviving Sepsis Campaign international guidelines. NOTE THE TWO LAYERS: the Australian clinical care standard of June 2022 is current and governs Australian practice; the Surviving Sepsis Campaign guidelines it draws on were updated in 2026, and that update extends rather than contradicts the standard. Where this programme cites one rather than the other, it says which.