1. In the context of presumed infection, are any of the following true:
(common sources: chest, UTI, abdominal organs)
- Patient looks very unwell
- Family or carer is very concerned
- There is ongoing deterioration
- Physiology is abnormal for this patient

Low risk of sepsis. Consider other diagnoses. Use clinical judgement and/or standard protocols.

2. Is ONE Red Flag present?
- New deterioration in GCS/AVPU
- Systolic B.P ≤90 mmHg (or ≥40 mmHg below normal)
- Heart rate ≥130 per minute
- Respiratory rate ≥25 per minute
- Needs oxygen to keep SpO₂ 92% (88% in COPD)
- Non-blanching rash or mottled/ashen/cyanotic
- Not passed urine in last 18 hours
- Urine output less than 0.5 ml/kg/hr if catheterised
- Recent chemotherapy (within last 6 weeks)

Give safety netting advice: call 999 if patient deteriorates rapidly, or call 111/arrange to see GP if condition fails to improve or gradually worsens. Signpost to available resources as appropriate.

3. Is any ONE Amber Flag present?
- Relatives worried about mental state/behaviour
- Acute deterioration in functional ability
- Immunosuppressed (without recent chemotherapy)
- Trauma, surgery or procedure in last 6 weeks
- Respiratory rate 21-24 OR dyspnoeic
- Systolic B.P 91-100 mmHg
- Heart rate 91-130 OR new dysrhythmia
- Not passed urine in last 12-18 hours
- Tympanic temperature ≤36°C
- Clinical signs of wound, device or skin infection

If under 18 & immunity impaired treat as Red Flag Sepsis

Sepsis likely
Use clinical judgment to determine whether patient can be managed in community setting. If treating in the community, consider:
- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

Red Flag Sepsis!
Immediate actions:
- Dial 999
- Arrange blue light transfer
- Administer oxygen to maintain saturations > 94%

Communication:
- Write a brief clear handover including observations and antibiotic allergies where present
- Ensure Paramedics pre-alert as ‘Red Flag Sepsis’