G.P. Maternal Sepsis Decision Support Tool

To be applied to all women who are pregnant or up to six weeks postpartum (or after the end of pregnancy if pregnancy did not end in a birth) who have a suspected infection or have clinical observations outside normal limits.

1. In the context of presumed infection, are any of the following true:
   (common sources: pneumonia, UTI, breast abscess/mastitis, endometritis, chorioamnionitis, infected caesarean or perineal wound, influenza, intra-abdominal infection)
   - 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 judgment and/or usual guidelines.

2. Is ONE maternal Red Flag present?
   - Responds only to voice or pain/ unresponsive
   - Systolic B.P ≤ 90 mmHg
   - Heart rate ≥ 130 per minute
   - Respiratory rate ≥ 25 per minute
   - Needs oxygen to keep SpO₂ ≥ 92%
   - Non-blanching rash, mottled/ ashen/ cyanotic
   - Not passed urine in last 18 hours
   - Lactate ≥ 2 mmol/l

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

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

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

3. Is any Maternal Amber Flag present?
   - Relatives worried about mental state/ behaviour
   - Acute deterioration in functional ability
   - Respiratory rate 21-24 OR dyspnoeic
   - Heart rate 100-129 OR new dysrhythmia
   - Systolic BP 91-100 mmHg
   - Not passed urine in last 12-18 hours
   - Temperature < 36ºC
   - Immunosuppressed/ diabetes/ gestational diabetes
   - Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
   - Prolonged rupture of membranes
   - Close contact with GAS
   - Bleeding/ offensive wound/ vaginal discharge
   - If immunity also impaired treat as Red Flag Sepsis

   Communication:
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   Ensure Paramedics pre-alert as ‘Red Flag Sepsis’

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