1. **START THIS CHART IF THE PATIENT LOOKS UNWELL**

   **RISK FACTORS FOR SEPSIS INCLUDE:**
   - Recent trauma / surgery / invasive procedure
   - Impaired immunity (e.g. diabetes, steroids, chemotherapy)

2. **COULD THIS BE DUE TO AN INFECTION?**

   **LIKELY SOURCE:**
   - Respiratory
   - Breast abscess
   - Urine
   - Abdominal pain / distension
   - Infected caesarean / perineal wound
   - Chorioamnionitis / endometritis

3. **ANY RED FLAG PRESENT?**

   - Objective evidence of new or altered mental state
   - Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
   - Heart rate ≥ 130 per minute
   - Respiratory rate ≥ 25 per minute
   - Needs O₂ to keep SpO₂ ≥ 92%
   - Non-blanching rash / mottled / ashen / cyanotic
   - Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)

4. **ANY AMBER FLAG PRESENT?**

   - Behavioral / mental status change
   - Acute deterioration in functional ability
   - Respiratory rate 21-24
   - Heart rate 100-129 or new dysrhythmia
   - Systolic BP 91-100 mmHg
   - Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVS, miscarriage, termination)
   - Temperature < 36°C
   - Has diabetes or gestational diabetes
   - Close contact with GAS
   - Prolonged rupture of membranes
   - Bleeding / wound infection
   - Offensive vaginal discharge
   - Non-reassuring CTG / fetal tachycardia >160

**RED FLAG SEPSIS**

**START BUNDLE**

**1. SAME DAY ASSESSMENT BY GP/ TEAM LEADER**

**2. IS URGENT REFERRAL TO HOSPITAL REQUIRED?**

**3. AGREE AND DOCUMENT ONGOING MANAGEMENT PLAN (INCLUDING OBSERVATION FREQUENCY AND PLANNED SECOND REVIEW)**

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**

**COMMUNITY MIDWIFE RED FLAG BUNDLE:**

**THIS IS TIME-CRITICAL – IMMEDIATE ACTION REQUIRED:**

DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER

**COMMUNICATION:** Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.