SEPSIS SCREENING TOOL GENERAL PRACTICE

**01 START THIS CHART IF THE CHILD LOOKS UNWELL OR HAS ABNORMAL PHYSIOLOGY**

**RISK FACTORS FOR SEPSIS include:**
- Impaired immunity (e.g., diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / broken skin
- Urine
- Skin / joint / wound
- Indwelling device

**02 COULD THIS BE DUE TO AN INFECTION?**

**LIKELY SOURCE:**
- Respiratory
- Urine
- Skin / joint / wound
- Indwelling device

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

**03 ANY RED FLAG PRESENT?**

- Objective evidence of new or altered mental state
- Doesn’t wake when roused/ won’t stay awake
- Looks very unwell to healthcare professional
- Severe tachycardia (see chart)
- Severe tachypnoea (see chart)
- Bradycardia (<60 bpm)
- SpO₂ < 90% on air
- Non-blanching rash / mottled / ashen / cyanotic

**04 ANY AMBER FLAG PRESENT?**

**IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS**
- Behaving abnormally / not wanting to play
- Parental concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air
- Capillary refill time ≥ 3 seconds
- Reduced urine output
- Temperature <36°C
- Leg pain

**NO AMBER FLAGS : ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:**

**RED FLAG SEPSIS START GP BUNDLE**

**USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:**
- PLANNED SECOND ASSESSMENT +/- BLOODS
- SPECIFIC SAFETY NETTING ADVICE

**GP 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.